R.N.

MAY - 1952

open season

Comes summer . . . comes itch, as a seasonal discomfort to many patients—and often to you.

Fortunately, even the most stubborn itch—from insect bite, poison ivy, food rash, prickly heat, sunburn, or whatever cause—can be promptly relieved with Calmitol. Yet Calmitol is bland and free from all irritants, reason why it is so widely prescribed as antipruritic.

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R.N. CONTENTS • May • 1952

Vol. 15
No. 8

COVER CREDITS: Photographer: Walter Herstatt; cap and pin: University of Minnesota School of Nursing, Minneapolis, Minn. Cartoon on page 47 reprinted through the courtesy of George Lichty and the Chicago Sun-Times Syndicate.

CCA **R.N.** May, 1952 issue: Vol. 15, No. 8. Published monthly by The Nightingale Press, Inc., 210 NBP Orchard St., East Rutherford, N.J. Copyright 1952. Subscription Rate $1.00 per year, 25c a copy; Canada and all other foreign countries $3.00 a year. Entered as second class matter, November 20, 1951, at the Post Office at Rutherford, New Jersey under the act of March 3, 1879.

THE TRUTH ABOUT

FROZEN ORANGE JUICE

Significant Dietary Advantages Of Fresh-Frozen Minute Maid Orange Juice Over Home-Squeezed Orange Juice Shown By Independent Research

RECENT assays[1] emphasize the nutritional superiority of reconstituted Minute Maid Fresh-Frozen Orange Juice over home-squeezed orange juice in three respects:

a. Average levels of natural ascorbic acid were significantly *higher* in Minute Maid;

b. Peel oil content was significantly *lower;*

c. Bacterial counts were dramatically *lower.*

Two reasons for Minute Maid's higher ascorbic acid content are advanced:

First, oranges vary widely in ascorbic acid content.[2] Thus, whole oranges squeezed a few at a time provide a highly erratic source of Vitamin C. Each can of Minute Maid, however, represents the pooling of juice from hundreds of thousands of oranges; thus wide variations in nutrients tend to be eliminated.

Second, because it is frozen, Minute Maid loses none of its ascorbic acid content before reaching the consumer.[3] Whole fruit, however, is subjected to variations in temperature, and care in handling cannot be maintained from tree to table. Laboratory tests have shown an average ascorbic acid loss of 10.7% in whole oranges after 11 days under simulated storage and shipping conditions.

Peel oil, cause of allergic response and poor tolerance, especially in infants,[4] is held to an arbitrary minimum in Minute Maid. Samples of home-squeezed juice expressed by typical housewives showed peel oil contents up to 700% higher.

Bacterial counts were found to be as high as 350,000 per ml. in home-squeezed samples—but were uniformly low in Minute Maid. Technicians ascribe this to the combination of rigid sanitary controls in the Minute Maid process and the low pH and low temperatures at which the juice is kept. High bacterial counts in home-squeezed juice are doubtless due to contamination from the exterior peel which is unknowingly added to the juice during preparation.

In view of the above findings, more and more physicians now specify Minute Maid Fresh-Frozen Orange Juice in lieu of home-squeezed orange juice.

REFERENCES

(1) *Rakieten, M. L., et al., Journal of the American Dietetic Association, October, 1951.*

(2) *U. S. Department of Agriculture Technical Bulletin No. 753, December, 1940.*

(3) *Roy, W. R., and Russell, H. E., Food Industries, Vol. 20, pp. 1764-1765 (1948).*

(4) *Joslin, C. L., and Bradley, J. E., Journal of Pediatrics, Vol. 39, No. 3, pp. 325-329 (1951).*

Reprints of Reference Material Mailed on Request

MINUTE MAID CORPORATION, 488 Madison Ave., New York 22, N. Y.

Wallace R. Roy, Ph.D., Director of Research

Hands that work look lovelier in 24 hours* or your money back!

Nurses! Here's a hand cream to help working hands look smoother —feel more comfortable!

● If your hands are red, rough and chapped from the endless chores that damage a nurse's hands, try Noxzema's two-way *medicated* care!

Helps heal—helps beautify! Noxzema is especially made to help sore, chapped, unattractive working hands look lovelier these *two* important ways:

1. Helps heal tiny cuts and cracks in the skin with its unique *medicated* formula!

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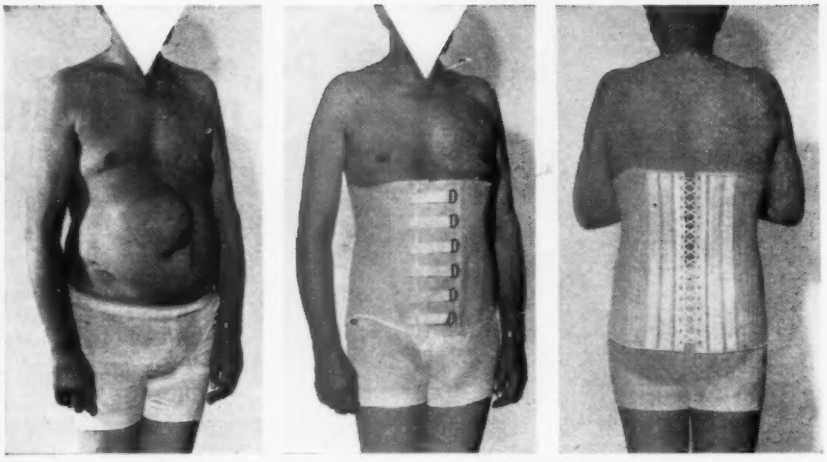
And Noxzema is *greaseless,* too! Never sticky. Apply faithfully each night, and always rub in a little *medicated* Noxzema after having hands in water or performing duties that are hard on your hands.

*In clinical tests, supervised by doctors, Noxzema helped the hands of 9 out of 10 women look lovelier—often within 24 hours! Try it on your hands!

Money-Back Offer! No matter what hand care you use now, try soothing, *medicated* Noxzema on your hands tonight. If you don't see definite improvement—in 24 hours—return jar to Noxzema, Baltimore—your money back. Get *greaseless, medicated* Noxzema today—at any drug or cosmetic counter, 40¢, 60¢ and $1.00 plus tax.

FOR YOUR FOOT COMFORT

Rub a little Noxzema on your feet when they're hot and tired after a hard day. See how cool and refreshing it feels, how much better you feel afterwards! Noxzema is *greaseless*—doesn't stain your stockings. Start using Noxzema today.



"Complete relief" for this geriatric patient

The patient pictured, age 65, suffered mild symptoms of herniated intervertebral disc (L2-L3) for ten years. In 1947, symptoms became more acute. Trial conservative treatment included the application of a Spencer Support (as shown) to provide support for the lumbar area of the back and safe control of the inoperable abdominal hernia. His Spencer has provided "complete relief"*—which enables the patient to carry on the active chores and hobbies that make life purposeful.

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Find out for yourself . . . write to The Surgeon General, U. S. Air Force, Washington 25, D. C., Attn: AFCSG-Dept. 3, for details . . . and a copy of the Booklet, "Career With a Future."

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"ON GUARD"—*a brief, explicit text on CARE OF THE BED PATIENT'S SKIN and PREVENTION OF BED SORES.* Prepared by the Educational Director and a Nursing Arts Instructor in a university-affiliated school of nursing. A quick, comprehensive review of the prevalent pressure sore problem and how to deal with it. Presents skin care of the bed patient as a rewarding aid to recovery, worthy of the skill of the most competent nurse.

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DEBITS & CREDITS

LET'S MIX

Dear Editor:

In reply to the letter suggesting a national home for retired nurses [**R.N.**, Oct., 1951], may I suggest an alternative? Wouldn't it be better to plan to retire to a home with people of other interests? There is a tendency for people of any professional group to become too inbred in their thinking and activities from constant association with each other. It would be helpful to consider a home under religious or other auspices where new interests could be developed.

R.N., FOND DU LAC, WIS.

A BARGAIN

Dear Editor:

I feel that regardless of what anybody else thinks, the private duty nurse is here to stay. Nothing else has been devised to take her place. Patients want the kind of nursing that only a private nurse can give, and in many ways it is the best field for many of us to fulfill more nearly the ideas which prompted us to become nurses in the first place.

But I would like to point out that the private duty nurse is far from getting rich. Recently a reporter wrote an article which appeared in our local newspaper describing his work as an attendant in a nearby VA hospital. He said the hospital took what they could get in the way of attendants for the low (?) salary of $2,500 a year. Assuming that an attendant gets eight holidays, 15 days' sick leave, 26 days' vacation with pay annually, and deducting 104 days for time off on Saturdays and Sundays, he actually works 212 days a year. If I, as a private duty nurse, work 212 days a year at the rate of $12 a day, my annual income is $2,544. My registry, district and alumnae dues total $42, leaving me a balance of $2 more per year than an attendant. The reporter stated that most of the attendants he met had about an eighth grade education. Think what a bargain the public gets in me: I have a high school education, 36 months of nurse's training and some college credits—all for an extra $2 per year.

R.N., DAYTON, OHIO

SMALL HOSPITAL—BIG JOB

Dear Editor:

Contrary to the feelings of a director of nurses in our state who said she did not encourage her graduates to accept positions in the small hospitals springing up throughout rural America, I believe that many a nurse can prove to herself and to others

just how much she means to nursing, and how much nursing means to her, in these beautiful, modern, well-equipped small hospitals.

Perhaps I feel so strongly about the opportunities to learn and practice nursing in a small hospital because that is just what I have been doing these past four years. Before my husband, who is also an R.N., decided to accept a position as superintendent of a 32-bed general hospital, my Bellevue (N.Y.) Hospital training had led me to consider 32 beds as one ward in a huge pavilion for just medical patients, or surgical patients, or some special diseases. We came to the Great Plains from New York City with fears and doubts, but now we wouldn't go back to the big city for anything.

My work is mostly confined to delivery room, but I have done general staff duty, assisted in surgery with accidents and other emergencies, and held down the office for three weeks when both my husband and the office girl were ill. And I have learned a great deal of administrative procedure from my husband, who now manages three small hospitals (33-50 beds). I know now that versatility is a most desirable trait, and that a nurse in a small hospital must learn quickly to assume responsibility, make split-second decisions, yet still stay within her own professional limits. The small hospital has much to offer the nurse who is truly interested in her profession—much that the textbook cannot teach her. It may not be staffed or equipped to do the more dramatic procedures—

"Regulated" baby feeding

Made possible with unique DAVOL "Anti-Colic"* Nurser

OTHER EXCLUSIVE FEATURES

Bright blue markings insure accurate measuring.

New square-shape bottle is easier to fill, easier to hold.

Finger-tip control, yet it won't leak.

**T. M. Reg. U. S. Pat. Off.*

NEWSWORTHY ITEM: Now—bottle-feeding that can actually be "regulated" to suit each baby's individual needs! As the regulator collar of the Davol Nurser is adjusted—the air-vent of the "Anti-Colic" Nipple permits air to enter bottle, thus controlling the pressure and permitting a "regulated" flow.

JUST A TWIST of the collar *speeds up or slows down* the flow to baby's *natural* feeding pace. What's more, the collar can be adjusted without removing the Nurser from a hungry baby's mouth—assuring uninterrupted feeding.

ADD TO THIS, the advantages of the famous Davol "Anti-Colic" Nipple which has been recommended by doctors and nurses for decades. (1) It helps prevent air-swallowing. (2) Greatly reduces possibility of nipple collapse. (3) Patterned after the maternal breast to help baby suck naturally.

DAVOL

"Anti-Colic" BRAND NURSER

"It's the Nipple That Makes the Nurser"

An informative treatise, "The Nurser-Fed Infant," concerning the importance of newer technics on growth and development of the infant mouth, is yours upon request. Also contains a detailed account of the function of the new Davol "Anti-Colic" Nurser.†

Davol Rubber Company, Department RN-2-5
Providence 2, Rhode Island

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Address.....

City.....State.....

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extensive brain surgery, massive chest or abdominal work—but just because it is small does not mean that it is lacking in equipment, or lax in meeting medical standards.

Also, human relationships in the small institution are not cold and impersonal, as they are likely to be in large hospitals. The patient in 205 may be your next door neighbor, and much satisfaction can be gained by having a former patient recognize you out of uniform—downtown, at a P.T.A. meeting, or wherever people congregate, recalling some little incident that made her stay in the hospital more pleasant.

I have never regretted taking my training in a large hospital, but in our small hospitals I have been given an opportunity to apply what was taught me in the classroom, and have reaped satisfactions many times. The large institutions with more than one hundred beds are so highly specialized, with their technicians, medical students, interns, etc., that the nurse is limited in gaining experience herself.

(Mrs.) Augustina B. Grady, R.N.
North Platte, Neb.

I.V. OR NOT I.V.?

Dear Editor:

I would like to know what nurses think about the subject of nurses giving I.V. injections. I am presently employed by a hospital where we are expected to give them, but formerly, in 1950, I was employed by a hospital where nurses were not per-

DAIRY FOODS – essential to our nation's strength

High production efficiency

Milk ranks first among the animal products in our national food supply . . . from the standpoint of over-all nutrient contribution, economy of production,[1] and versatility of available forms and use.

Dairy foods—milk, butter, cheese, ice cream—supply approximately three-fourths of the total calcium, half the riboflavin, one-fourth the protein, one-fifth the vitamin A, one-sixth of the energy and one-tenth of the thiamine in the available food of the United States . . . as well as significant amounts of many other nutrients.[2]

Dairy cows combine a high efficiency of production with the high nutritive value of their product.[1] Considering the over-all nutrient contribution—with special emphasis on the calcium content—the production of milk results in more human food per unit of animal feed consumed than does that of other foods of animal origin.[3]

Production of butter, cheese, and ice cream contributes to a stable milk supply, and lends variety to the national diet, For a healthy people, as well as a healthy economy, it is vital that our national milk supply be maintained and increased.

1. Maynard, L. A. The role and efficiency of animals in utilizing feed to produce human food. J. Nutrition *52*:345 (Oct.) 1946.

2. Supplement for 1949 to Consumption of Food in the U. S., 1909-48, U.S.D.A. Misc. Pub. 691, Washington (Sept.) 1950.

3. Christensen, R. P. Efficient use of food resources in the United States. U.S.D.A. Tech. Bull. 963, Washington, 1948.

The presence of this seal indicates that all nutrition statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.

National DAIRY COUNCIL
111 N. Canal St., Chicago 6, Illinois

Since 1915 . . . the National Dairy Council, a non-profit organization, has been devoted to nutrition research and education to extend the use of dairy products.

mitted to give intravenous medications and solutions. Which rule do R.N. readers favor?

(Mrs.) Margaret Anderson, R.N.
Tucson, Ariz.

[*There isn't a nurse practicing today who isn't interested in this question and its legal implications. We join with the author in asking for your viewpoints.*—The Editors]

PROGRESSIVE? MAYBE

Dear Editor:

Let us hope that the new structure and the organizations resulting therefrom will place good bedside care foremost in their planning. Many of us who have been nursing for years cannot help but be critical of the changes which have come about in nursing care and nurses' duties. While progressive in some instances, as far as patients are concerned, I regret to say that these changes seem retrogressive, and they have resulted in inadequate bedside care. It is one thing to make surveys, reorganize and collect statistics, but it is equally important to provide good nursing in hospitals by well-trained general duty nurses. During the past 8 years, nurses have been urged to raise the standards of nursing education so they might become better informed and better qualified. Yet today many patients are given poor bedside care, not so much because of the shortage of nurses, but because of the prevailing idea that only universities and colleges should train the nurses who then delegate the bedside care to others. Well-

SHE'S HEARD THE CALL FOR

VI-DAYLIN®

(Homogenized Mixture of Vitamins A, D, B_1, B_2, B_{12}, C and Nicotinamide, Abbott)

. . . B_{12} Content Now Tripled

There are two principal qualities which make VI-DAYLIN the ideal multivitamin supplement for children. They are:

1. HIGH POTENCY—The improved VI-DAYLIN formula now contains three times as much vitamin B_{12}, plus recommended daily allowances of six other essential vitamins. Sound therapy, indeed.

2. ACCEPTABILITY—Because VI-DAYLIN looks like yellow honey and tastes like lemon candy, children like it right out of the spoon.

Stable for as long as two years without refrigeration, VI-DAYLIN can be purchased in thrifty 1-pint bottles without fear of spoilage. Will not curdle milk; has no fishy odor; leaves no resistant stains. Available at pharmacies everywhere in 90-cc., 8-fluidounce and 1-pint bottles.

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Each 5-cc. teaspoonful of VI-DAYLIN contains:

Vitamin A	3000 U.S.P. units
Vitamin D	800 U.S.P. units
Thiamine Hydrochloride	1.5 mg.
Riboflavin	1.2 mg.
Ascorbic Acid	40 mg.
Vitamin B_{12} Activity (by microbiological assay)	3 mcg.
Nicotinamide	10 mg.

Abbott

trained professional nurses—not practical nurses—should be the ones to give good bedside nursing care. To obtain more of these nurses I believe we need more well-qualified 250- and 300-bed hospitals with training schools, not more university courses.

VESTA K. HALL, R.N.
MINEOLA, N.Y.

WHEN IN DOUBT . . .

Dear Editor:

The more I read and hear about the Structure Study and the proposed changes, the more I am convinced that voting on the subject should be postponed, giving time for further study. As I, and many others feel, the loss of autonomy in specialized groups and fields is a serious situation, and one which should be considered well.

The second problem in which our organization has become involved is collective bargaining, a calamity to an organized professional group. Our responsibility in designing and passing on to the nurse of the future a labor organization (for such it will become) is, in my humble opinion, disastrous.

Surely there must be other means.

ETHEL F. BAXTER, R.N.
CHICAGO, ILL.

[*Your doubts about the structural reorganization and one plank in the ANA platform should be made known to the delegates from your state who will attend the Biennial. Every nurse has a stake in the future of nursing, not only those meeting in Atlantic City in June.*—THE EDITORS]

"Essential"
white rubber sole
AAA to D

"Favorite"
leather sole
AAA to B

look your professional best

"On Call"

"Traditional"
white rubber sole
AAA to D

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Fashion styled by famous designer
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Soft, flexible construction
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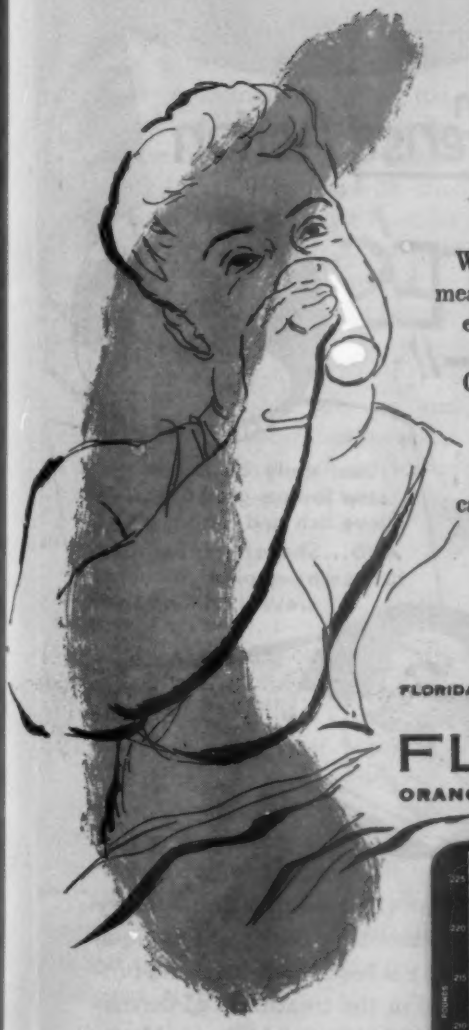
Complete size runs in every width



citrus is a good ANORETIC agent

When taken about half an hour before meals, orange or grapefruit juice is highly effective in helping overweight patients to adhere to their reducing regimens. Citrus has "very definite advantages"* as an appetite appeaser. It helps to reduce the demand for high caloric foods, and supplies readily utilizable carbohydrates to combat hypoglycemia. It is economically available in homes or restaurants. And, of no small consideration, most everyone likes orange or grapefruit juice.

* *Postgrad. Med. 9:106, 1951.*

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FLORIDA *Citrus*

ORANGES • GRAPEFRUIT • TANGERINES

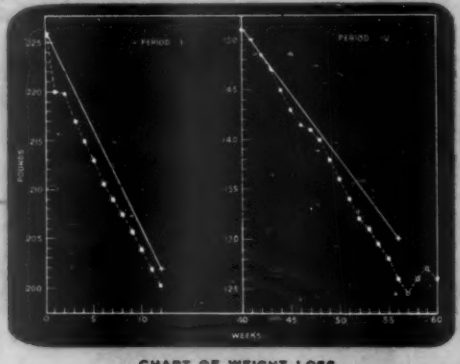


CHART OF WEIGHT LOSS
BROKEN LINE—OBSERVED LOSS • SOLID LINE—PREDICTED LOSS

Double-Defense Action against "ATHLETE'S FOOT"

Dust daily on feet to help stop fungus growth . . . relieve itch and burn.
***AND*... Shake freely in shoes to absorb perspiration...help prevent reinfection.**

Recent clinical and laboratory tests show that Campho-Phenique Powder is both fungistatic and fungicidal in the treatment of dermatophytosis (Athlete's Foot). Moreover, it provides fast, soothing relief from the itching and burning of Athlete's Foot. Easy to use—non-irritating—does not stain.

SCIENCE SHORTS

A World Health Organization group of international pharmacologists has recommended that diacetylmorphine (heroin) no longer be used for medical purposes and should be replaced in all countries with other less dangerous drugs. At least 50 countries, including the U.S., have already discontinued or are willing to discontinue the medical use of heroin, the group learned.

*

Deaths from heart disease and cancer among school children exceed those resulting from all infectious and parasitic diseases combined, says the Federal Security Agency.

*

Migraine headaches may result from a disrupted equilibrium between love and aggressive or hate instincts is the opinion of Dr. A. R. Furmanski, Van Nuys, Calif., who is associated with the Ross-Loos Medical Group, Los Angeles. Reporting on a study of 100 migraine victims in the *Archives of Neurology and Psychiatry*, Dr. Furmanski states, "In all patients the migraine attack began when hostilities accumulated beyond the individual's capacity for tolerance of frustration."

*

The Drain-o-lator, a suction unit powered by the pressure-vacuum Thiberg pump, has been recently introduced by the American Cyanamid Company. A vacuum range of from 20-250 mm. Hg. may be obtained with the pump, and the entire unit is small enough to be placed on the floor beside the patient's bed.

*

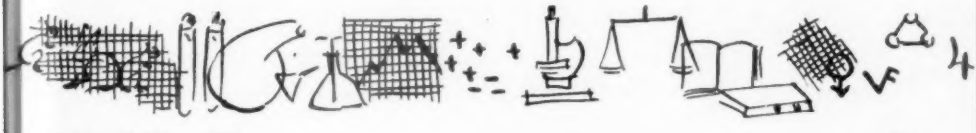
UN's *Statistical Yearbook*-1951 shows that persons in virtually all age groups and in all countries may expect to live longer than their forebears. UN experts say that the improved life expectancy is due mainly to an improvement in infant mortality rates. Sweden has the lowest rate of infant deaths, 20 per 1,000; in sixth place is the U.S. with 29.2 per 1,000. Highest figures reported in the *Yearbook* are in Yugoslavia and Chile where the rate per 1,000 is 116 and 90 respectively.

*

The Golden State Company of California has applied for a patent on a new aseptic canning process which, it is claimed, will make it possible to can fresh, whole, sterile milk and have it retain its quality and flavor for a year.

*

The average American male of 1950 made more money and was two years older than his counterpart of 1940, the Census Bureau reports. He was a white native, about 30, with a wife and two children. Receiving an



annual income of approximately $3,000, he lived in a mortgaged one-family dwelling and owned an automobile, a refrigerator, a radio and had a telephone. Possibly, in 1952, he also owns a television set.

*

In the 15 years that Metropolitan Life Insurance Co. has kept a record of catastrophic accidents, December, 1951 had the highest disaster toll for that month. The most costly disaster as to life during the past year was the Illinois coal mine explosion of December 21 with a death list of 119.

*

A relatively new profession for women is orthoptics, the science which involves giving tests and exercises for visual defects, or teaching persons with defects how to use their eyes correctly. Certified orthoptists, of whom there are only about 130 in this country, receive their patients on a referral basis from ophthalmologists.

*

Child surgery has become less hazardous in recent years through the development of pediatric anesthesia, a recent JAMA *article by Drs. Stevens J. Martin and Thomas M. Feeney, St. Francis Hospital, Hartford, Conn., reports.*

*

Much of the "atomic-proof" clothing now being sold to the public is of little value warns the Federal Civil Defense Administration. The FCDA states that special clothing is not needed for beta and thermal radiation, and neutron and gamma rays could only be stopped by materials too heavy to be worn.

Daintiness Dictates the Choice—

Chloresium®

Chlorophyll Tooth Paste

provides superior protection for breath, teeth and gums

CHLORESIUM Chlorophyll Tooth Paste is, increasingly, the choice of fastidious nurses: its concentrated, highly purified water-soluble chlorophyll keeps their teeth and gums healthy, their breath fresh and clean. They like CHLORESIUM's flavor, too; its cool minty taste makes toothbrush time a pleasure.

CHLORESIUM TOOTH PASTE

is a superior dentifrice because it

- provides prolonged protection against offensive breath
- helps save teeth by keeping gums healthy
- polishes and cleans film and tartar from the teeth
- helps protect against tooth decay

If you're not yet familiar with it, why not choose CHLORESIUM next time you go tooth paste buying?

Rystan company inc., Mt. Vernon, N.Y.

R.N. SPEAKS: ON A POINT OF

■ ONE MORE MONTH to the great decision day—when the five professional organizations will amalgamate into two—or, will they?

Those who have initiated and have taken an active part in the national planning appear optimistic as to the final vote; so optimistic, in fact, that they have had difficulty in using the future tense when referring to the reorganization plans. Many releases coming out of several national sources read as if the *fait* were already *accompli*. If anything, it will be the positiveness of the tone of the releases, or more likely the prematurity of the announcements of top-level appointments to staff positions in the NLN that will negate two intensive years of conferring. For odd specimens are we human beings, especially those of us who group together in membership organizations. We like to believe that our thinking as well as that of our policy makers has contributed somewhat to the association's activity. And we have been assured that the final decision regarding amalgamation is to be left to the memberships.

At the last Biennial, the memberships of the national nursing organizations asked that the blueprints for a two-organization structure and the appropriate new and revised bylaws, in keeping with the purposes and functions of the organizations, be ready for presentation at this coming Biennial, and at the respective meetings of the participating associations. The Joint Coordinating Committee on Structure was not requested to go beyond that. However, it appears that it has. Or, to put it more correctly, a small portion of that committee, namely, the Committee on Agreements for the National League for Nursing, has taken upon itself the detailed planning for the future of the NLN.

This Committee on Agreements, which we have been told is a body operating within its legal rights, was created upon the instigation of the NOPHN and NLNE officers when the two groups met to agree upon which organization was to be the nucleus or continuing corporation for the NLN. The Committee is composed of the presidents or their permanently appointed designees, one other representative appointed by the president from each of the four participating organizations, and

OF QUESTIONABLE POLICY

the executive secretaries or executive directors of the NOPHN, NLNE, and AAIN as ex officio members.

This group consisted of only 11 members. These 11 have formulated agreements regarding: "the preservation of services and programs of the four participating organizations and the transfer of their assets to the NLN, and the selection of top management for the NLN. The Committee was also set up to: act as a guiding committee to the *new NLN General Director* until the new NLN Board of Directors is elected; act as a budget and temporary finance committee for NLN so that the budget will be ready to be turned over to the NLN Board of Directors; prepare a slate for the interim NLN Board after each of the four organizations involved selects its representatives and alternates."

Releases emanating from this Committee have announced the appointments of the General Director of the NLN and the Division heads, to be effective immediately following acceptance of the new organization. These announcements have been made despite the fact that the published NLN bylaws specifically read that the Board of Directors will appoint the General Director of the Association. Under the reorganization plan, the initial Board of Directors of the NLN, elected from a fixed slate at the Biennial, will not take office until the bylaws are adopted.

The power to appoint or remove top level personnel of an association is within the authority of the board of directors solely when it is specifically provided for in the bylaws; otherwise the membership has this power. We are aware that administratively speaking, for the sake of efficiency and good management, the board of directors does not direct all of the details of the business of the organization, but selects a qualified director or manager who in turn is responsible for the rest of the paid staff. But in the last analysis it is the board of directors which is the embodied power of the organization by virtue of its elected position. Why have the powers of this Board of Directors been limited?

In studying the NLN structure outline, one would assume that administratively the Division and Department [*Continued on page* 55]

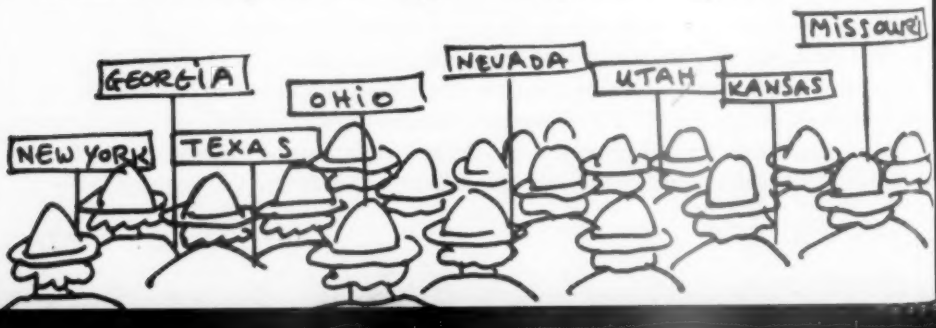
Stand Up and be Counted!

A Basic Principle in Self-Government

■ ONE OF THE slogans for the coming Biennial is "Speak Up for Your Future." No individuals or groups are named; it is addressed to all nurses. And it should be, for every practicing nurse has a vested interest in this future. If we don't speak up for ourselves, someone else will, and we then have no cause for complaint. If we leave the decisions to those who are more vocal, then we must live and work by their decisions. But "speaking up" is only one part of our challenge; by itself it is not enough. It deals with only one of every member's rights, that of having a voice in discussion. The second and equally important right is the privilege of the vote, and that brings us to another call: "Stand up and be counted!"

One of the easiest things to do is to vote with the majority. It takes no courage or thinking, for it is generally easy to see which way the wind is blowing and to set our sails accordingly. It takes a good measure of spunk, however, to stand with the minority, especially if the action under fire is being pushed by some committee, or a person in a high position, or if our bosses are with the majority. But nursing needs that kind of spunk today, and it needs lots of it. We are facing radical changes in our "way of life," in fact we are already undergoing some of these changes—with more to come. We have to *find* our best path for we have never traveled this route before and we can run into serious trouble if we leave all the trail blazing to a few.

Nurses in general are not short on ideas of what is good nursing and what it takes to make a good nurse, but we are short in ways of getting these ideas out where they count. One stumbling block is the old, deeply rooted custom of letting a few decide for the many. In the past, the need for strictly following medical orders in patient care was exploited into a system of putting nurses under orders wherever they were, even during their off-duty lives. This form of control extended deep into our organizations, where of all places it had the least business to be. A presiding officer who also happened to be our boss could do a lot to keep us in our place. I know of



by Myrtle C. Applegate, R.N.

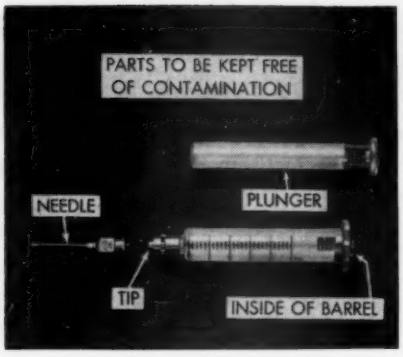
one group of staff nurses who were told how to vote in an election, "or else."

A great deal of this method of control has disappeared, however, and it is destined to disappear altogether in time. Nursing is an adult profession today with adult responsibilities. It can meet these responsibilities only when its members function as mature people in all of their relationships. But the *right* to function as adults carries with it the duty to *be* adult, and one of the duties here is for us to stop using our fears as an excuse for inaction, or for action that does not represent our true convictions. It is our job to speed up the trend to free ourselves of all unwarranted control, especially in our organizations where every member is on equal footing.

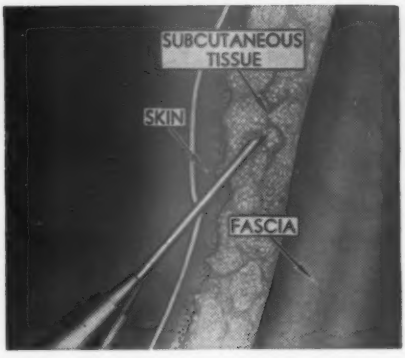
Our organizations are very important in our professional lives. It is through them that the status of nursing education and practice has constantly come up, that nursing legislation has steadily improved, and that nurses now enjoy better hours and pay. And the improvements we still need in all of these things cannot come through individual efforts alone, but only through individuals working together in organization. No matter how much some nurses may criticize our organizations for what they do or do not do, it is an undeniable fact that we are constantly working in them to provide elections that represent the majority will, and to provide for greater participation by individual nurses in our affairs. This has been especially true in the past few years, and we hope the trend will continue.

It's one thing, however to provide these things and another to get nurses to take advantage of them. Participation means more than paying dues and attending meetings; it means that each of us must help our organization do its job in helping the profession with *its* big job. We've got to think, speak out our ideas, and stand up to be counted when our ideas are under fire. It is so easy to stay quiet and let actions go through that we believe are harmful simply because we don't want to be counted among the opponents of an idea or an issue!

Nurses have changed a good deal in the past 20 years as control has eased off and as they have become more independent thinkers. The idea that it is "disloyal" to challenge a decision or the opinion of an officer is petering out. More are beginning to realize that it is far more disloyal to vote one way in order to be with the crowd, and to talk just the opposite on the way home. We have seen nurses in responsible positions heartily applaud a speaker who proposed a radical and untenable change [*Continued on page* 78]



Requirements for Asepsis



Hypodermic Injection

Techniques of Injection

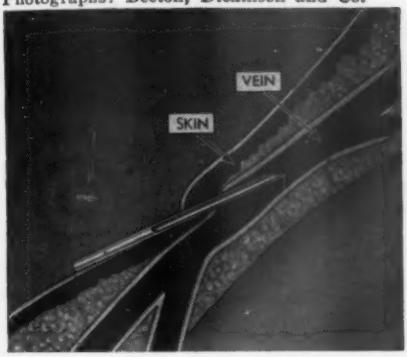
FINDING A NEEDLE in a haystack is proverbially something of a task. Today's hospitals, however, especially to the needle-weary patient, are the very antithesis of a haystack.

Injections, referring to the introduction of a drug into the body by other than the oral route, were first mentioned in the Egyptian Papyrus Ebers of 1552 B.C. Actually, the injection mentioned was an enema, and the first report of the introduction of medication through the skin appears to be that of Timonius, a Greek physician. Hypodermic injections of drugs had been reported by physicians as early as 1844, and the invention of the first hypodermic syringe with a separate slip-joint needle is credited to Charles Gabriel Pravez (1791-1853) of Lyons, France.

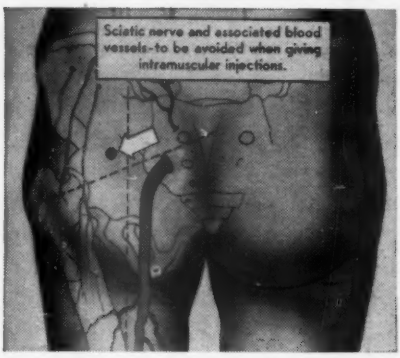
Drugs today can be injected into practically every part of the body, but four of the more common modes of administration are subcutaneous or hypodermic, which is the introduction of material into the loose tissues underlying the skin; intracutaneous, sometimes called endermic or intradermic, which refers to the introduction of medication into the corium of the skin; intramuscular, the introduction of material into the muscle tissue; and intravenous, the introduction of fluid into a vein. When large quantities of fluid are injected intravenously the process may be called phleboclysis, venoclysis or infusion.

Chances are that almost any patient who has been in an accident and has lost considerable blood, before many hours have passed, will have received an intradermal injection to test his sensitivity to tetanus antitoxin; an intramuscular injection in the form of a prophylactic dose of penicillin; a subcutaneous injection of codeine, morphine or some other analgesic drug for his pain; and a blood transfusion to compensate for his extensive blood loss. A nurse has actively participated or assisted in the

Photographs: Becton, Dickinson and Co.



Intravenous Injection



Intramuscular Injection

by Althea Powers, R.N.

administration of all these injections. Although these are only four of the myriad procedures involving needles with which a nurse may have some contact, they seem to be the ones which occur most commonly.

SUBCUTANEOUS INJECTIONS

Nurses have been professionally acquainted with the hypodermic medication for some years, although there was a time when the question of a nurse's fitness to administer medicines hypodermically was as seriously challenged by the medical profession as is the question of the legality of nurses administering I.V.'s today.

Two main points to remember in preparing and giving hypodermic injections, as indeed in giving any injection, are to be sure that the dosage and the medicine being given are as prescribed, and that the equipment used is sterile and handled in such a manner that the needle and the fluid injected into the body remain sterile at the time of injection. Carelessness rather than ignorance is usually responsible for contaminated needles and equipment. If medication labels are not plainly marked there should be no hesitation in discarding them. If calculations are involved, a nurse, particularly one who has returned to active nursing after a long period of absence, need not feel ashamed to ask one of her colleagues or the doctor to check her arithmetic. Many hospitals post tables in the medicine closet which convert measurements from grains to grams, from fluidrams and fluidounces to cubic centimeters.

Most nurses, though confident of their ability to deal with such problems, use these tables because they are both accurate and time-saving. Nurses used to seeing morphine ordered in grains may be somewhat disconcerted when confronted with an order for 16 milligrams of the drug. However, by looking at the conversion table they will soon find themselves back on familiar ground again when they realize that this is equivalent to grains ¼ in the apothecary system. The use of

the metric system is gradually superseding the apothecary system in many hospitals, and the hope is that it will become standard practice throughout the nation.

Patients have been heard to complain that "nurses over forty" cannot give a hypodermic. Obviously such a statement is exaggerated and is much too broad a generalization, but there may be some basis for it. Many younger nurses use the so-called "dart" method, a term almost self-explanatory, in which the needle is injected with a flick of the wrist rather than with a movement of the whole arm. Economy-minded nurses may tend to use needles after they are too old to be re-sharpened properly. As one nurse "over forty" puts it, another factor explaining the "less painful injections of the younger nurses" may be that "youth and beauty are sometimes the best analgesic in the world."

Great care must be taken in lifting the tissues prior to the injection so that the "pinch" will not hurt more than the needle, but if the needle is sharp and is injected without hesitation, there should be little cause for complaint on the part of the patient. "Without hesitation" does not mean, however, that the nurse will not take time before injecting the fluid to pull back on the plunger to see if blood can be aspirated. Should this be the case the needle is in a blood vessel and must be withdrawn.

INTRACUTANEOUS INJECTION

Intracutaneous injections, generally given to determine sensitivity to the material injected, are used in diagnostic procedures such as the Schick test (diphtheria), the Dick test (scarlet fever), the Mantoux test (tuberculosis) and various skin tests for allergic reactions. Often these injections are administered by the doctor, but it is not unusual for the nurse to give them, particularly in public health work and in school infirmaries. The area chosen for the site of the injection is the inner aspect of the forearm. Sometimes a dose of the material to be tested is injected into one forearm and an equivalent amount of normal saline solution is injected into the other forearm. The saline acts as a control and in interpreting the test a comparison is made between the appearance of the two arms. A tuberculin syringe which is calibrated in 0.1 cc. is frequently used, as the doses are very minute.

Since the interpretation of these tests depends upon the appearance of the skin in the area of the injection, a colorless disinfectant should be used to prepare the skin, or, if iodine is used, care should be taken that it is all removed by alcohol. A small needle, 25-27 gauge, is inserted, bevel up, almost parallel to the skin. When the fluid has been injected, a tiny white bleb should be visible. The site of the intradermal injection is never massaged.

INTRAMUSCULAR INJECTION

A decade ago few nurses were taught to administer intramuscular injections, and those who were taught the technique were usually told that they would rarely be called upon to use this particular skill. Now, however, the picture has changed entirely, and it is [*Continued on page* 68]

DECORATION DAY BONUS

by Francia Hughes

To be smartly dressed for summer with a minimum of money and a maximum of chic, shop before Decoration Day and bag a bonus with every buy. Shining examples: playclothes that reverse; a bag that totes its own sun-lotion; a woman's wonder-dress for summer or winter; daytime suits that turn into well-bred dinner dresses—a sensational sextette!

● New! Different! "Ox-bow" sun glasses by Clairmont-Nichols, with lightweight wooden frames and slip-in, slip-out lenses.

● Korday's reversible match or mix-mates. Five pretty pieces, denim on one side; gingham on the other, make 40 combinations. Bra, $2.95; shorts, blouse, $4.95 ea.; coat, $5.95; skirt, $8.95.

● It's in the bag: a plastic bottle of Skol Suntan Lotion in White Stag's waterproof carry-all. Denim or sailcloth, $2.95.

FASHION MAGIC! Ensembles

• Form-Fit's pretty change-about (below) is twice the dress you think it is at half the price! Under the lacy jacket is a bare-top dinner dress with modish tier-tucked bodice. Colors are pretty: rose, lilac, aqua, powder and navy blue, in sizes 14½ to 26½ at a mere $17.95.

A YEAR-ROUND DRESS

• Take Nylon, add Orlon and you have Forever Young's pleated-skirt dress to keep you warm in winter, cool in summer and always smart. Under $20. The sailor, by Sally V.

For names and addresses of stores carrying items you want, write makers listed on page 94.

that Turn into Dinner Dresses at the Drop of a Jacket

• A costume-suit to be proud of, neat as a pin by day, with a covering jacket that arches its hips and buttons to a small round collar. Doff it for dinner and there you are in a pretty cap-sleeved dress with soft front fulness. A Robert Leonard original under $30.

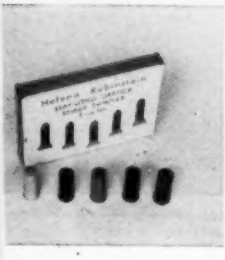
• In this 24-hour costume of shimmery shantung, you start the day wearing a prim little spencer, tied with a polka-dot bow. Off comes the spencer and presto! You're dressed for dinner in a bare-armed halter dress with a billowy dancing skirt. A McKettrick, under $23.

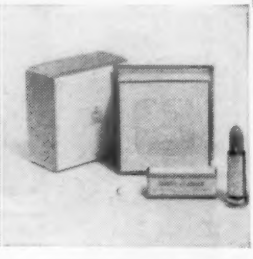
Shop Talk

▶ It's the time of year to switch to a supple girdle like the Warnerette with the Sta-Up-Top. Though it slims and controls, it doesn't bind at the waist, comes in pink or white, costs $5.95. For uplift, Warner's nylon taffeta and marquisette bra, $2.50.

◀ Corot has gilded the lily—added gold to crisp white for new jewelry for summer 1952. The Midas touch of white enamel beads caged in delicate golden spirals belies the tiny price of $2 for a single choker; $1 each for earrings and bracelet. Double up on the choker, why don't you; add white shorties and a forward tilted pancake of a white straw hat.

▶ To smell as sweet as May, use Coty's Muguet des Bois for perfume, powder, cologne.
▶ Harriet Hubbard Ayer has a liquid cleanser you'll love, Cleanse-Ayer, at $1.50.*





◀ In Rubinstein's "Nifty-Fifty," you've 5 Stay-Long Lipsticks to try with spring costumes. 50c*
◀ You can camouflage blemishes with Lydia O'Leary's Spotstik, $1.25; Finishing Powder, $1.50.*

*plus Federal tax.

CAN DID COMMENTS—

REVERENCE FOR LIFE

■ A PROFESSION or a whole civilization can swing seriously out of line when its absorption with material advances outpaces its spiritual and moral development. Dr. Albert Schweitzer,[1] one of the great men of our day, believes our civilization is threatened with decay because of its preoccupation with physical science and material gains. An unnatural, unbalanced state is the result, for "our spiritual dependence increases at the same rate as our material dependence . . . the most essential and valuable element in civilization is the spiritual." To save ourselves we must re-establish a sense of meaning to our universe and a *reverence for life*. In the field of education Dr. Benjamin Fine[2] reports, "A gradual swing away from the liberal arts and humanities is occurring on the American college and university campuses. Greater stress is being placed on the natural and applied sciences." This trend, which began right after World War II, could turn our great schools into technological institutes with a cultural loss that could well speed the decay. But Dr. Fine happily notes a tendency to reverse the trend quite recently.

I believe that the trend of the times, plus other factors, is endangering the soul of nursing. Materialism has gained enough ascendancy over the spiritual nature of nursing to threaten our most sacred tradition—reverence for life. Materialism isn't a matter of cash and ease only. It is an overweening respect for the values of tangibles, and a corresponding loss in the values of the intangibles. It is a growing dependence on the magic of science, with a lessening dependence on the latent strength of the individual. The mass production pattern of industry that placed the worker and his product on the assembly line is being transferred to the professions. But in industry, production deals with inanimate objects, and the harm of mass production falls only on the worker. In the professions, especially health, production deals with human beings who share the harm with the workers. Our society is so obsessed today with formulas, techniques, statistics, amazing vocabularies and similar tangibles, that we are dehumanizing the wonderful processes of education and healing.

Nursing is in an extraordinarily difficult spot. The tragic shortage of

by Janet M. Geister, R.N.

personnel together with a constant over-burden of work that cannot be postponed, make it imperative for us to find ways to spread our services to the utmost. In our concern with service, we've lagged in bringing up our educational standards. In our concern with patient welfare, we neglected nurse welfare. In the great urgency to meet these challenges, it is inevitable that some materialism gains power. But we've got to watch our step lest it become a dominating power. It is materialistic to discount the value of the nurse with productive experience in favor of the untried nurse who holds a degree. It is materialistic to divide the patient into segments simply to get the work done. It is materialistic to fight for higher wages without at the same time fighting to keep the work that's paid for up to recognized standards. And it is utterly materialistic to look down on work with the hands.

It is all very well to say that these moves are in the nature of progress, and that those of us who find fault are nineteenth century thinkers. Well, some pretty good thinking for nursing occurred in that century. The fact is that while most of the conditions and demands related to the *methods* of our work are radically changed, the patient's basic needs remain unchanged. He's still worried about the job he had to leave, the family that is dependent upon him. He's still full of queer ideas of what's wrong with him and what's going to happen to him. More people are doing more things *to* him and *for* him but I think never has he been more lonely and impersonalized. He is more quickly diagnosed by the doctor's use of the laboratory, but he is more completely restored when the doctor also takes off his coat and, through the use of his eyes, fingers, heart and brain, studies the whole man. The patient may get along "all right" when his nursing needs are cared for by persons of varying skills, but he still needs some central, knowing, *caring* person figuratively to hold his hand —someone with the time to listen.

I wish every nurse of every rank would read "A Study of Pain"[3] written by Dr. Frederic Wertham of his own experiences. During his very painful surgery under local anesthesia, it wasn't the reassuring explanations of the doctors that helped him, but the touch of a hand. "I remember her touching me as a soothing event . . . evidently friendly physical contact of this primitive type is not sufficiently recognized as a helpful procedure. I have since spoken to physicians who have undergone operations or performed them, and they have confirmed my experience." But the touch of a hand is more than a "primitive physical contact"—it betokens the presence of someone who is standing by with all her resources of trained skill and a devoted spirit.

The sick person isn't a well person with a fever or broken leg. He is a person in strange surroundings, terribly in need of confidence in those around him. He may need transfusions, but often his spiritual needs are greater than the physical. "Every patient who comes to us," says Dr.

Wertham, "wants the doctor to alleviate his pain and banish his fears." When I hear that nursing of the future will be "through" others, I wonder if, from a post in the corridor, we can banish fears and create the "pool of peace" that is good nursing—and how *we* are to grow spiritually? Good nursing is one of the most spirit-enriching, character-building of all human experiences. Patients' needs call out the highest qualities in us, qualities that otherwise might lie dormant. And we learn from the patient as he learns from us. The spirit of the profession is constantly renewed from these well springs. Before we relinquish our post at the bedside, we must consider these facts soberly.

The team nursing plan, of dividing the job of patient care according to the skills required, is one major answer to the problem of getting the work done. When the Commission on Financing Hospital Care concludes its study of the reasons for hospitalization, it may result in cutting down both numbers of hospital patients and procedures. Further census cuts may come in the greater growth of other resources for the care of people who need domiciliary rather than skilled care.

The present philosophy of team nursing, however, (at least in some instances) makes the professional nurse simply an administrator. She must find time for conferences with team members and tie their testimony together into a plan for the social, mental and physical rehabilitation of the patient. [*Continued on page* 57]

Probie

"Something's wrong!"

AFRICAN *Violet* HOBBYIST

■ LOVELY AFRICAN violets which far excel those from leading florist shops grace the living room of public health nurse Eleanor (Fergie) Ferguson of Idaho County, Idaho. Words of praise from admiring visitors offer ample proof that her plants of purple beauty receive the same love and care as do her many patients throughout the county which she serves so well.

Even though African violets are Fergie's special indoor interest, in her yard there is a surprising variety of pansies, roses, gladioli, lilies, irises, prized delphinium, dahlias and flowering shrubs. And loveliest of all is the wild flower garden where flower specimens from the Idaho hills

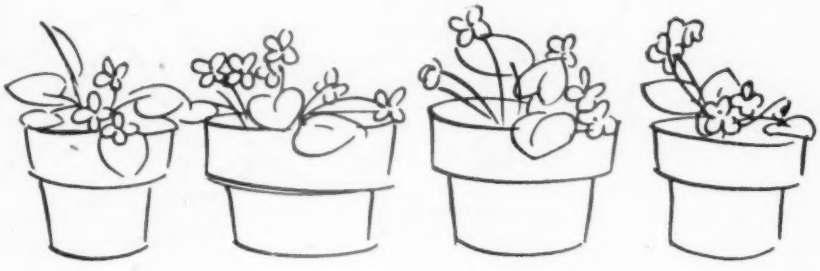
and prairies add a natural freshness to the lavish display of floral color.

Fergie's hobby as an African violet grower started when a friend gave her a Blue Boy African violet. Born with that rare gift of understanding the language of flowers, she gave the lone plant such special care that it grew and flourished rapidly. Soon the plant was so large that it was necessary to divide it into several smaller plants. Re-potting the plants disturbed them very little, however, and all continued to blossom as before.

Fergie's most interesting venture is starting new plants from the leaves; the fascinating art of violet culture is watching the tiny roots grow and develop on the stems. Small pill bottles filled with water and cemented to a narrow strip of wood are used as containers to hold the leaves. The bottles are short enough to support the leaves and prevent the stem ends from touching the bottom of the bottles. The bottles are then placed in or near a north window and allowed to remain undisturbed until the roots appear. It takes about six weeks for the first roots to make their appearance and there is another wait of about four weeks before the young plants show on the stem. "By the time all the leaves have their roots and the baby plants have formed, you feel like an African violet specialist instead of a nurse," says Fergie.

The best soil possible is essential for the newly formed plants, and small pots rather low in height are better than the large ones. Fergie brings back a variety of soil when she goes on her trips. She uses well-decomposed barnyard soil and collects some of the finest sandy soil from the banks of the rivers and streams. Pine scented mountain soil is light and very suitable for violets.

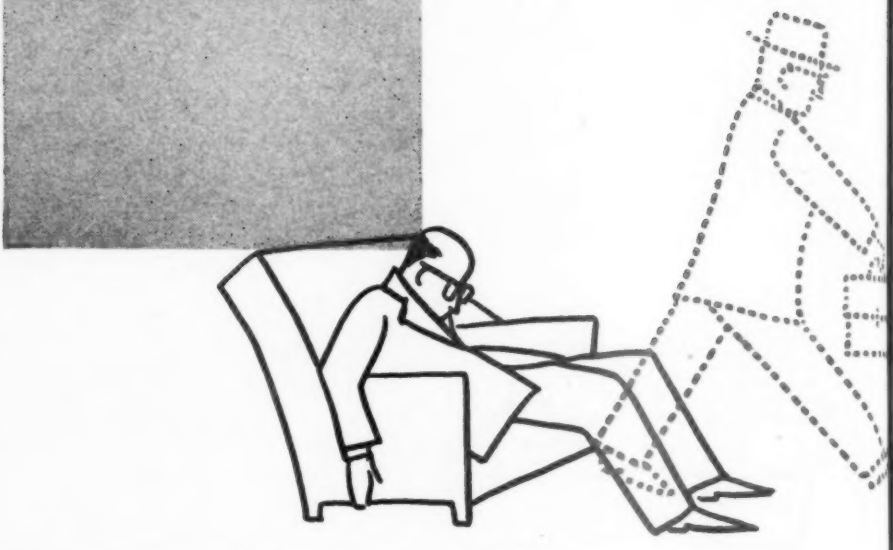
Fergie is fast gaining fame for her violet hobby—many of her plants have won prizes at flower shows. She has numerous invitations to talk on African violets at garden clubs, and her unusual violet plants are in constant demand by flower lovers in all parts of the U.S. as well as in Idaho.



by Florence Northway

Myasthenia Gravis

by Frances Lewis, R.N.



■ ALTHOUGH myasthenia gravis is fortunately a relatively rare disease among the general population, its victims cannot take such a statistically optimistic view toward their affliction. Despite the fact that medication affords them a chance of leading a fairly normal life, they are still subject to the restrictions of a chronic ailment with no promise of a permanent cure.

As a rule, the disease occurs in young adults, but it has been reported to affect persons of all ages—even infants. The course is usually marked by a gradual onset followed by a varying number of remissions and exacerbations over a period of months or years. Although some patients may be recalcitrant to treatment and a few may die as a result of choking, the general prognosis is good under proper medical supervision.

The most prominent characteristics of myasthenia gravis, a name derived from the Greek *mys, my*—muscle,

and *asthenia*—weakness, are, appropriately, weakness and fatigability of the skeletal muscles. For some reason not yet clearly determined, the nerve impulses which leave the central nervous system in a normal fashion cannot be transmitted from the motor neurons to the muscle cells at the myoneural junctions. Because the muscles do not receive the proper stimulation they are unable to contract well, if at all. In this respect, the disease resembles the action of curare, a drug which also blocks the passage of nerve impulses to the muscles.

All of the symptoms of myasthenia gravis arise from progressive weakness of the muscles used in normal movement. One of the outstanding features is the nature of the muscle weakness: although one element of the weakness can be eliminated by rest, the other seems to be unaffected by it. Generally, the first symptoms appear in the extraocular muscles where weakness results in ptosis and diplopia. Pain in the neck due to weakness of the neck muscles may also be an early symptom, as well as weakness of the muscles of the extremities. Other common manifestations of the disease include weakness of the muscles of the face, palate, larynx and pharynx. It is usual for the untreated myasthenic patient to experience difficulty in chewing, swallowing or talking.

The diagnosis of myasthenia gravis is obtained from a history of the clinical symptoms, a neurological examination and the injection of neostigmine (Prostigmin) which, if myasthenia is present, will dramatically restore exhausted muscle function in a few minutes. Electric stimulation of the muscle is used to determine whether the type of muscle weakness is that associated with the disease. The latter test for the "myasthenic reaction of Jolly" is considered positive when the first few faradic stimulations produce strong contractions and subsequent stimulations result in a gradually diminishing response. Although considered a dangerous procedure, a minute amount of curare may also be employed in the differential diagnosis of myasthenia since it temporarily exaggerates the symptoms of the disease.

Much of the investigation on the etiology and treatment of myasthenia gravis has centered on the mechanism of chemical mediation of nerve impulses at the myoneural junctions or motor end plates. It may be remembered that there is no direct connection between the motor neuron and the motor end plates, the specialized structures within the muscle cells which receive the nerve impulses. It is the current belief that this gap is bridged by a neurohormone, acetylcholine, which is released at the motor end plate by the nerve impulse. The effect of this chemical substance, however, is extremely short for it is rapidly destroyed by the counteracting enzyme, cholinesterase—also present at the motor end plate.

Although there is little disagreement over the fact that there is a breakdown in nerve conduction at the myoneural junctions in myasthenia gravis, [*Continued on page* 60]

DRUG DIGEST

Ephedrine Sulfate U.S.P.

(Skeletal Muscle Stimulant)

PRODUCT NAMES: Distributed under official U.S.P. name

PHARMACOLOGY: The properties of ephedrine sulfate, a crystalline soluble salt, are similar to those of epinephrine but of longer duration. As a stimulant of the sympathetic nervous system, it causes a rise in blood pressure, constricts peripheral blood vessels, and dilates the bronchioles. It also produces pupillary dilatation locally or systemically, and acts locally as a nasal decongestive by constricting the capillaries of the nasal membranes. One of the many therapeutic uses of ephedrine sulfate is in myasthenia gravis. Although its action in this disease is not well understood, it is believed by some to exert a direct stimulating action on the muscle fiber itself.

DOSAGE: Ephedrine sulfate may be administered orally, intramuscularly or subcutaneously. Generally, the average dosage for adults ranges from 0.016 Gm. to 0.049 Gm. every three to four hours as needed. If given in the form of a syrup, 1 to 2 teaspoonfuls may be indicated every three to four hours. A 0.5 per cent to 3 per cent solution is available for topical use to nasal mucous membranes and a 3 per cent to 4 per cent aqueous solution serves as a mydriatic. In myasthenia gravis, where it may be used in conjunction with neostigmine, 25 mg. two or three times daily have been recommended.

UNTOWARD ACTIONS: Toxic effects from ephedrine dosage include tremors of the extremities, insomnia, nervousness, headache, nausea and vomiting, sweating, vertigo and palpitation. The presence of hypertensive cardiovascular disease precludes the use of ephedrine.

Potassium Chloride U.S.P.

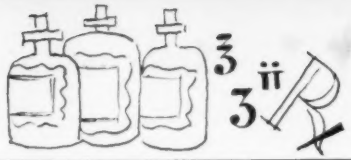
(Skeletal Muscle Stimulant)

PRODUCT NAMES: Distributed under official U.S.P. name

PHARMACOLOGY: Potassium chloride, an ingredient in Ringer's Solution, is one of the salts employed in the administration of the potassium ion to the body. Its use in myasthenia gravis is based on a so-called decurarizing action on skeletal muscle, that is, it permits a more effective response to nerve impulses and the muscle-activating chemical, acetylcholine. Studies have indicated that this decurarizing action is most evident when there is a high level of potassium ion in the blood and a lower level in muscle. Although the exact relationship between the therapeutic effect of potassium chloride in myasthenia gravis and the mechanism of the potassium shift from muscle to blood is not clear, it is reported that the drug has a beneficial effect in the disease, though not as beneficial as that produced by neostigmine, which also causes a favorable potassium shift. The greatest therapeutic value of potassium chloride appears to be in the prevention and treatment of familial periodic paralysis, a disease of unknown etiology marked by intermittent paralysis of somatic muscles.

DOSAGE: In myasthenia gravis, oral dosage of 10 to 15 Gm. daily has been recommended. Neostigmine is frequently employed as an adjuvant drug.

UNTOWARD ACTIONS: Unpleasant gastro-intestinal symptoms arising from poor toleration of the oral dosage required in myasthenia gravis generally limit this drug's usefulness. Dosage is definitely contra-indicated when kidney function is impaired because of its possible toxic accumulative action which may result in cardiac failure.



Guanidine Hydrochloride

(Skeletal Muscle Stimulant)

PRODUCT NAMES: Distributed under the chemical name of guanidine hydrochloride
PHARMACOLOGY: Guanidine, one of the products of protein metabolism, is closely related chemically to the nitrogenous compounds creatine and creatinine involved in muscle metabolism. Although the mechanism of its action cannot yet be satisfactorily explained, it has proved beneficial in certain cases of myasthenia gravis, and is claimed by some investigators to have a more prolonged—if not more effective—action than neostigmine in relieving the muscular weakness of this disease. The theory has been advanced that the drug may be of value only in those cases of myasthenia gravis where there is abnormal metabolism of creatine in skeletal muscle.
DOSAGE: Guanidine hydrochloride is available in tablet form for oral administration; I.M. or subcutaneous injections should never be used due to the drug's irritating effects. An initial test dose of 10 mg. per kg. body weight may be gradually increased in accordance with the needs and tolerance of the patient; observation of symptoms and determination of guanidine blood levels are important factors in estimating safe and effective dosage. Guanidine hydrochloride may also be used in conjunction with neostigmine therapy.
UNTOWARD ACTIONS: The patient receiving guanidine hydrochloride may experience nervousness, anorexia, increased peristalsis with diarrhea, circulatory disturbances, and clonic or tonic contractions. Such evidences of toxicity may call for reduction or discontinuance of the drug. Atropine is generally effective in controlling gastro-intestinal symptoms.

Tetraethylpyrophosphate

(Skeletal Muscle Stimulant)

PRODUCT NAMES: None
PHARMACOLOGY: Tetraethylpyrophosphate, commonly called TEPP, is a water-soluble compound prepared as a 1 per cent solution in anhydrous propylene glycol. Because of its ability to inhibit cholinesterase, the substance which destroys the muscle-activating acetylcholine, this relatively new drug has been used in the treatment of myasthenia gravis. Reports indicate that while TEPP has a longer period of action than neostigmine, there is a smaller margin of safety between its toxic and clinically effective dosage.
DOSAGE: The average dose of TEPP has been estimated to be about 15 mg. daily in three divided doses. If neostigmine is included in the regimen, TEPP should be given one or more hours before, or four or more hours after a dose of neostigmine since the latter drug may block the inhibiting action of TEPP on cholinesterase. The instability of TEPP and its loss of potency resulting from contact with moisture has led to the recommendation that each dose be drawn from the vial into a dry syringe, measured, then mixed with 30 cc. of water or milk and administered by mouth immediately, preferably after meals.
UNTOWARD ACTIONS: Since TEPP has a more cumulative action than neostigmine, the patient should be watched closely and atropine kept ready for such side effects as faintness, pallor, sweating, nausea and vomiting, restlessness, bradycardia, colic and diarrhea, lacrimation and salivation. It should be remembered that the symptoms of circulatory collapse might be confused with those resulting from underdosage rather than from overdosage of the drug.

ANA TENTATIVE PLATFORM 1952

The American Nurses Association is an organization of and for registered professional nurses. Its overall purposes are

- **to foster high standards of nurse practice and**
- **to promote the welfare of nurses to the end**

that all people may have better nursing care

Provide Health Protection for the American People through:

1. **Participating actively with allied groups to meet the health needs of the country, particularly the needs for nursing care.**
2. **Cooperating with the Federal Civil Defense Administration and the Department of National Defense in promoting health care in times of emergency.**
3. **Promoting the inclusion of nursing benefits in prepaid health and medical care plans.**
4. **Cooperating with the National League for Nursing in promoting measures which will ensure nursing service for all who need such service.**
5. **Encouraging accreditation of programs in nursing education by the nursing profession to protect the nursing student and the public.**
6. **Improving the practice of nurses and developing standards of nursing care through controlled studies of nursing functions and by analyses of nursing standards.**
7. **Promoting state nursing practice laws which will protect the public and which will facilitate interstate registration or licensure of qualified professional and practical nurses.**
8. **Increasing the supply of competent nursing personnel by stimulating the recruitment of graduate and student nurses through such means as improving employment conditions for nurses; through promoting legislation which will provide expanded educational facilities; and through professional counseling and placement services.**

Aid Nurses to Become More Effective and More Secure Members of Their Profession by:

9. **Encouraging nurses to recognize and to meet emotional, spiritual, and social, as well as physical, needs of the patient.**
10. **Promoting legislation (federal, state and local), which will provide financial aid for the expansion and improvement of nursing education programs (basic professional, advanced professional and practical nursing), for scholarships, recruitment and research.**
11. **Improving working conditions, which directly affect the recruitment and efficiency of nursing personnel, through strengthening economic security programs, using group technics, including collective bargaining, and through supporting desirable labor legislation which affects nurses.**
12. **Supporting further improvements and extension of the Federal Social Security Act which will benefit nurses; encouraging the development of private insurance plans by employers to supplement Federal Social Security; and urging nurses to plan for and participate in individual and group insurance plans.**
13. **Continuing to develop professional, vocational and educational counseling for nurses.**
14. **Promoting the inclusion and full participation of minority groups in association activities, and eliminating discrimination in job opportunities, salaries, and other working conditions.**
15. **Perfecting the structure of national organizations to facilitate effective action in nursing and to encourage the participation of all nurses in the American Nurses Association and the National League for Nursing.**

Promote Better Health Care for the Peoples of the World through:

16. **Increasing support from American nurses for programs of the International Council of Nurses.**
17. **Supporting the international exchange of students and teachers of nursing, and programs for displaced persons in the nursing profession.**
18. **Continuing to support the United Nations and its specialized agencies, particularly the World Health Organization through the International Council of Nurses.**
19. **Promoting better understanding and inter-personal relationships both at home and abroad.**

"We have on hand nearly 2,000 letterheads bearing the names of last year's officers . . . I recommend they all be re-elected . . ."

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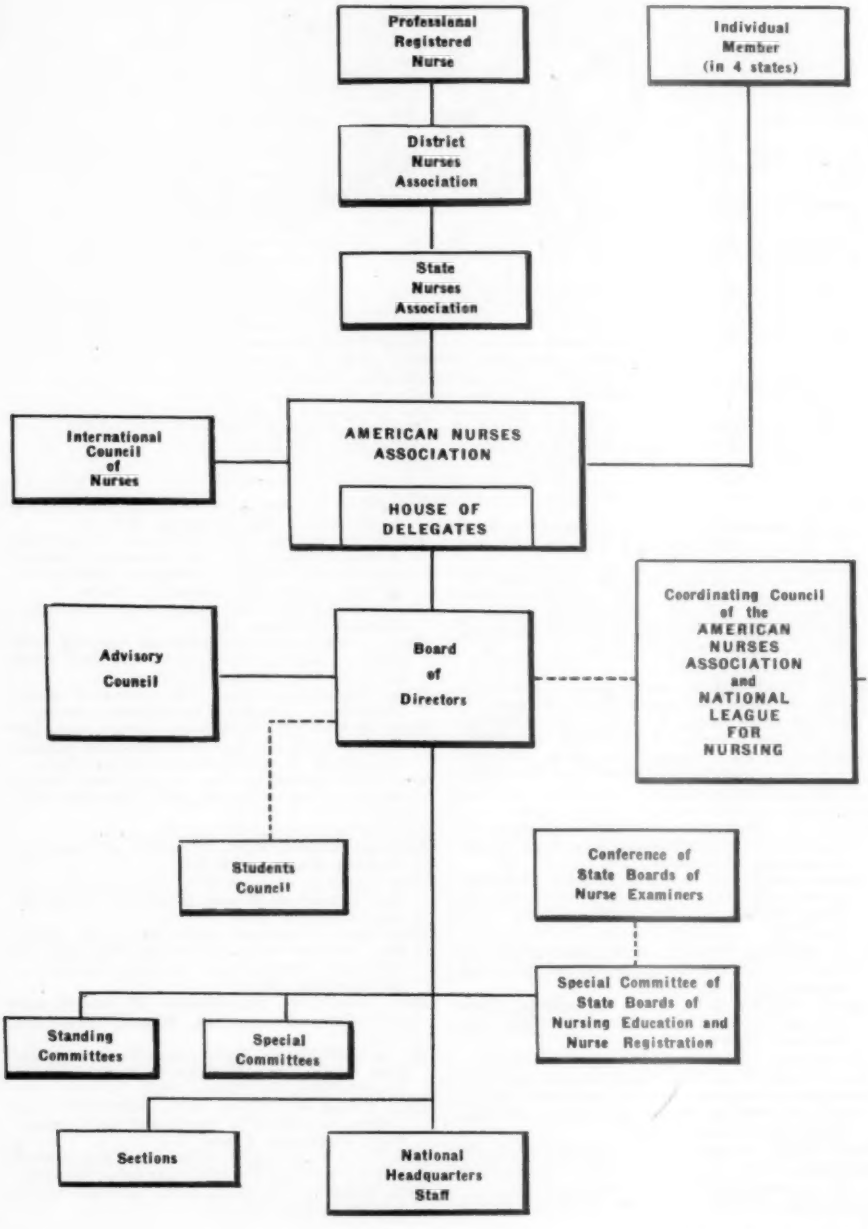
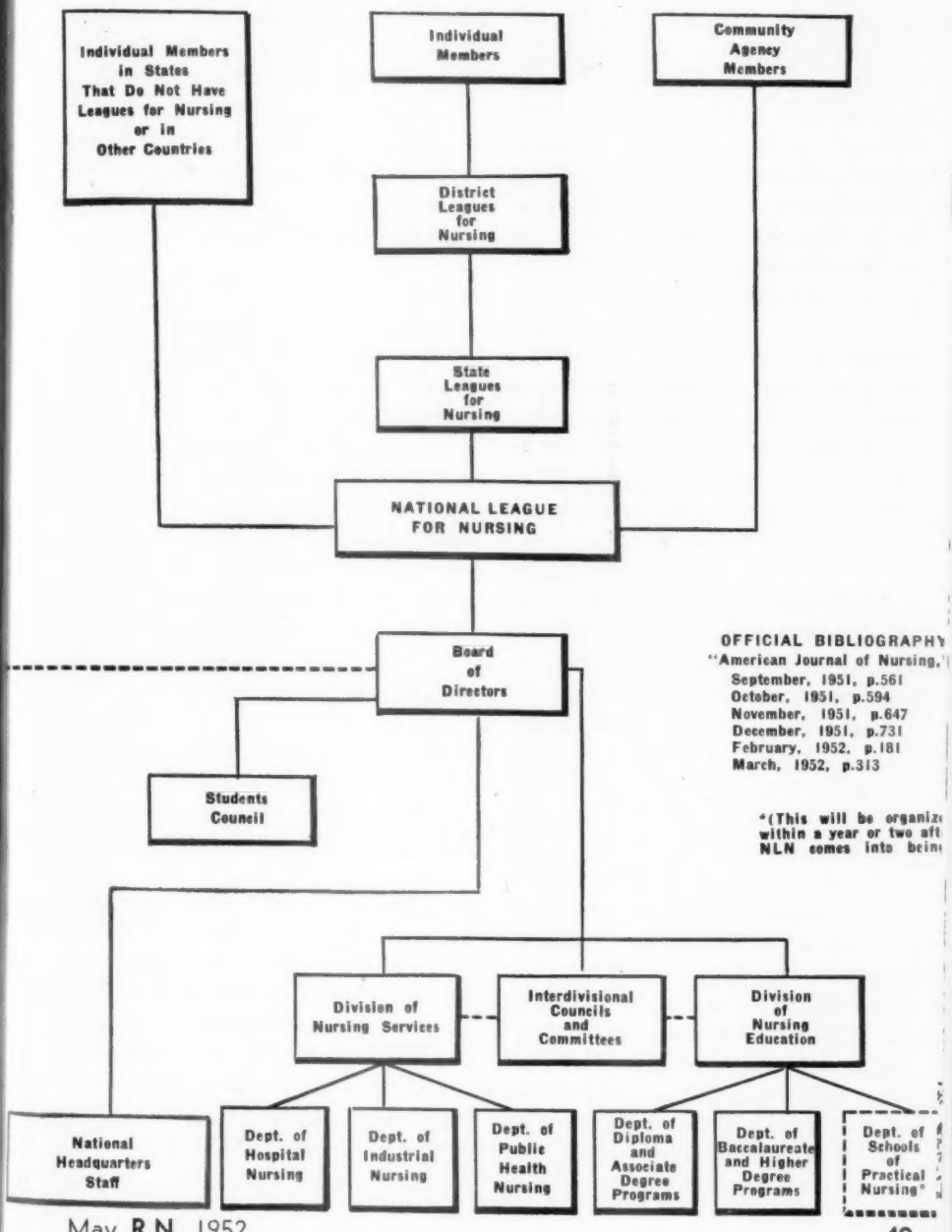
Mrs. Nola S. Sheldon, R.N., private duty, Walla Walla, Wash.

Revised ANA Organization Diagram



Revised NLN Organization Diagram



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REVIEWING THE NEWS

▶ A STRUCTURE FORUM, sponsored by the National Joint Coordinating Committee on Structure of the Six National Nursing Organizations will be held Sunday, June 15, from 2:00 to 4:00 P.M. and Monday, June 16, from 9:00 to 11:30 A.M. in the ballroom of Convention Hall, Atlantic City. Pearl McIver, chairman of the Joint Committee will preside, and a panel, which will include members of the Joint Coordinating Committee on Structure, will explain the plans for both the American Nurses Association and the National League for Nursing. Registration will not be necessary for admission to the Sunday session but it will be necessary for the session on Monday.

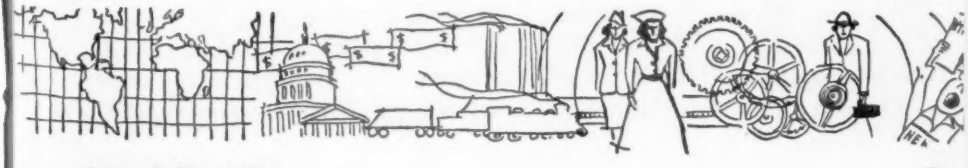
▶ RESERVE NURSES of the Navy Nurse Corps and the Air Force Nurse Corps, as of the first of the year, are not being ordered into active service or extended active duty involuntarily. Capt. Winnie Gibson, Director, Nurse Corps, U.S. Navy, announced that those reserve nurses who have had World War II service are being released at the end of 17 months of active service and those who have not had such service are being released following two years of active duty. Col. Verena M. Zeller, Chief, AFNC, states that nurses volunteering for active duty with the Air Force are required to sign a service commitment of two or three years or for an indefinite period. Upon termination of the service commitment, a nurse may either request separation or renew her service statement; only those nurses with over a year remaining of their service commitment are eligible for overseas assignment. Nurses applying for training in the Air Force must be willing to sign a specified-time contract for service subsequent to completion of the course.

▶ NOPHN RALLY DINNER: Sophie C. Nelson, Boston, will be toastmistress and the Hon. Frances Payne Bolton, Ohio, will be mistress of ceremonies at the NOPHN Rally Dinner scheduled for June 17 in the Carolina Room of the Chalfonte Hotel, Atlantic City. Mary Sewall Gardner, only living member of the seven founders of NOPHN, will be the guest of honor. Preceded by a "Dutch treat" cocktail hour at 5:30 P.M., dinner will be served at 6:30 and the program, featuring a skit, "The Birth of NLN," will close at 8:30. Tickets priced at $5.50 will go on sale Sunday, June 15, in the main registration area of Convention Hall. Attendance will be limited to 900.

▶ CAPITOL COPY: Hopes for passage of the ANA-supported Bolton bill (H.R. 910) were dashed in March when the House Interstate Commerce Committee voted to table the bill by a 9-to-6 vote. Dismayed but undeterred by the setback to her long-range plan for federal aid to nursing education, Mrs. Bolton announced that she would introduce

another bill before the end of this session—a bill designed to overcome legislators' objections to certain provisions of H.R. 910. The revamped bill, according to *The New York Times*, will provide for a six-year period of aid and will offer grants to the states only. Estimated to cost but a fraction of the former more extensive program, the new measure would allow federal funds for recruitment, teacher training and "student scholarships . . . not only for registered nurses, but also for the training of practical nurses in the older age group" . . . Introduced by Rep. W. Sterling Cole (R., N.Y.), H.R. 7160 would authorize the Army, Navy and Air Force to pay for the training of selected young women in nursing schools and would require graduates receiving such training to serve in the forces on a year-for-year basis . . . The President's Commission on the Health Needs of the Nation formally began its work with a two-day hearing on the need for aid to medical education. Financial difficulties of medical, dental, nursing and public health schools were discussed but the experts were divided as to the remedies for these difficulties. Federal aid was vigorously upheld by some of the witnesses and just as vigorously denounced by others . . . Dr. Martha M. Eliot, director of the Children's Bureau, Federal Security Agency, spoke before the Senate Health subcommittee in support of government-paid medical care for enlisted men's families. Both Sen. Herbert H. Lehman and Sen. Hubert Humphrey are sponsoring bills to re-establish a maternity and infant care program for the families of G.I.'s. The Lehman measure would provide medical care for children up to five years of age, while the Humphrey bill would limit care to the babies' first year. The AMA and the AHA are agreed that there is "no demonstrated need" for such a program.

▶ VACATION MINDED? Opportunities to combine the trip to the Biennial Nursing Convention with a vacation tour are many. Information received at ANA headquarters includes plans for a six-day holiday in Bermuda, a seven-day stay in the Laurentian Mountains and a seven-day New England Motor Cruise. American Airlines is sponsoring stopover guided tours of Washington and its environs and United Airlines is offering tours of New York City and 10 all-expense Golden West Air Cruises . . . A conducted tour of Puerto Rico and St. Thomas and St. Croix in the Virgin Islands sponsored by Alma Vessells John, former executive secretary of the National Association of Colored Graduate Nurses, and W. H. Butler of Travelguide, Inc. is scheduled to follow the Bien-



nial Convention. For information about this nine-day trip write Friendship Tour, P.O. Box 63, Radio City Sta., New York 19, N.Y. . . . Nurses' House, Babylon, Long Island, N.Y., now in its 25th year, offers opportunities for relaxation and recreation at reasonable rates to graduate nurses and students. Write Nurses' House Inc., 654 Madison Avenue, New York 21, N.Y.

▶ "HEARING IS PRICELESS—Protect It" is the slogan behind National Hearing Week, May 4-10, sponsored by the American Hearing Society. In its drive for better hearing the Society will try to acquaint the public with existing programs for prevention of deafness, conservation of hearing, and rehabilitation of the hard of hearing. Headquarters are at 817 14th St., N.W., Washington 5, D.C.

▶ ABOUT PEOPLE: *Marion W. Sheahan,* director of the National Committee for the Improvement of Nursing Services, will become director of the Division of Nursing Services in the new National League for Nursing; *Julia Miller,* executive director of NLNE, will become director of the Division of Nursing Education; and *Anna Fillmore,* general director of NOPHN, will become general director of the NLN if reorganization proceeds according to schedule, *Agnes Gelinas,* Chairman of the Committee on Agreements of four National Nursing Organizations (NLNE, NOPHN, AAIN, ACSN), has announced . . . Still on the job at 79, *Willie Offutt* was the first industrial nurse in Kentucky, according to State Board of Health records . . . *Dorothy Erickson,* USPHS nurse officer, has been assigned to the Mutual Security Agency mission in Indo-China . . . *Mrs. Fay Buck,* former supervisor, has been appointed assistant director of nursing service at Methodist Hospital, Fort Wayne, Ind. *Mrs. Mildred Bergman* will fill the vacancy created by Mrs. Buck's promotion . . . *Grace Ross,* who has retired from her position as director of public health nursing in the Detroit Department of Health, is succeeded by *Mrs. Isabelle Ryer.* Miss Ross is a former director of the NOPHN and chairman of the nursing section of the American Public Health Association . . . The New York State Board of Regents has named *Mary Ellen Manley* as secretary to the State Board of Examiners of Nurses. Miss Manley, who succeeds *Clara Quereau,* was for the past 15 years director of the Division of Nursing in the New York City Department of Hospitals.

▶ COURSES AND WORKSHOPS: A three-week summer session for nurses interested in directing or instructing in schools of practical nursing will be held from June 2-20; the first week at the Glockner-Penrose Hospital School for Practical Nurses, Colorado Springs, Colo. and the remaining weeks at Colorado State College of Education, Greeley, Colo. For further information write the National Association for Practical Nurse Education, 654 Madison Ave., New York 21, N.Y. [*Continued on page* 74]

Crusading Nurses . . .

■ THE NURSING talents of women offered relief to the wounded soldier long before the nursing corps of modern warfare appeared on the scene. This we know from historical reports and legendary tales of the crusades.

"Dieu lo vult!" "God wills it!"—the call that stirred thousands of faithful Christians to take both cross and sword to recover the Holy Places from the infidels—was conscientiously heeded by the women who were active members of the medieval medical units.

These units, not unlike the first-aid teams of today consisted of a physician, two assistants (barbers), four stretcher bearers and four nurses —either male or female—who belonged to some religious order.

First and main duty of the nurses was the care of the wounded. Surgery and nursing at that time were at a high peak, particularly when compared with other branches of medicine, and both women and men played an important part in the functioning of first aid stations, ambulance carts and regular hospitals. Nurses also helped to give the anesthetics of that day. We know from the Bamberg Antidotarium, a medical manuscript of the ninth or tenth century, that a compound of opium, juice of [*Continued on page* 66]

by Dr. W. Schweisheimer

R.N. Speaks:

[*Continued from page* 27]

Directors would also be under the aegis of the NLN Board of Directors; however, if one looks closely, the relationship of these salaried personnel to the Board of Directors is not mentioned in the bylaws. Might we not anticipate the possibility of a General Director selecting and signing a contract with a Division or Department Director and this individual not being approved by the Board of Directors? What happens then? The membership should question whether this is an oversight or not.

The point we make is that it is our belief that the Committee on Agreements has over-extended itself in usurping the powers of a board of directors that has not yet been elected to office. When we brought this to the attention of individual members of the Committee, they claimed legal sanction of this act; that it was necessary in order to carry on the functions of the organizations during the interim period. We strongly believe to the contrary.

Not only is it the poorest kind of public relations to have a small group thrust upon the membership important decisions that have been made in advance, but to us it is a dangerous organizational precedent; especially when ample opportunity and time is to be provided to vote upon these decisions. We also admit that we are not that "progressive" to understand how a set of lawyers can interpret this act as legal.

Although we disagree with the act, we do not challenge the motivation of the Committee. We are more prone to believe that certain members of the Committee have fallen victim to their enthusiasm and to the normal fear that too much is at stake to leave to chance or a new board of directors. It appears to us that the Committee has unwittingly succumbed to that "protective spirit" of parents which hinders rather than helps their offspring. This urge to prevent a new organization from making "mistakes" is understandable, but nevertheless, should have been resisted. The membership must resist it if our profession is to develop and acquire mature judgment. We should not want "protective dictators" in nursing organizations any more than we should want inefficiency, duplication and poor administration. We want democracy in thinking and action—and that means the right to make our own mistakes as well as our own successes.

Granted our professional associations can be improved by better administrative practices and more business-like management, yet this improvement should not weaken the membership's privileges. Membership rights are safeguarded through the individual vote and through the *elected* board of directors. Even though the members of the board of directors change every few years, the membership should be extremely cautious, especially in a growing organization, that the board does not become a mere appendage of a salaried permanent staff.

—Alice R. Clarke, R.N., Editor

Man-eagle design
from Hopi Indian food bowl

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Candid Comments

[*Continued from page* 39]

In what position does this leave the nurse who isn't naturally an administrator, or who took up nursing because she wanted to take care of sick people? Does this method help us to learn what sickness has done to the patient? What is his sum total as a *person*? I believe the present approach in the team plan will be markedly revised as we learn more, not in method, but in determining our goal. Getting the work done is not our highest purpose.

In the doctor-written articles on surgery or disease in the *American Journal of Nursing*, there is stress over and over on the utter importance of a kind of nursing that keeps the professional in the closest possible contact with the patient. How can we reconcile this with the idea of nursing "through" others? Dr. Harley Williams[4] of London comments favorably on the scientific aspects of American medical progress, but adds, "Those card indexes, laboratories, conferences, all those modern wonders that bring the practice of medicine nearer the organization of commerce, are not the ultimate accomplishments but temporary aids . . . the influence that produces the cure is less the degree of expert technique, but some chemical change in the soul of the patient when its molecules make contact with a change that has been initiated first in the soul of the physician."

Therefore, says Dr. Williams in effect, the best medical care reaches through the broken body to touch the spirit of the human being in need. This is as true in nursing. "Talk to your patients," said a doctor at a Kentucky meeting. "In these days of tension and increased mental illness, a talk with a nurse can often do more good than all our medicines." An Illinois private duty nurse adds, "How I wish that all doctors and nurses understood how important it is to the patient to have someone to talk to; someone who knows what it's all about, who knows what to do, who is friendly, and who *cares*. One of my patients crossed five states for an operation by a famous surgeon. Yet days later I had to ask him to come to the other side of the bed so the patient could see what he looked like. The visit did them both good. I caught another doctor to tell him that a little talk with our patient would do more good than 10 hypos. It did too . . . The nurse who walks in simply to jab in a needle without a word of assurance or inquiry isn't a nurse—she's a mechanic."

Reverence for life is more than using our skills to save and conserve life. It involves love—an element that seems to have gone out of style except in ditties. There is no better way of reaching a patient's spirit than through the warm and friendly approach that is protective love. Recently a noted psychologist announced with an air of great discovery, "Children need love!" Why of course, even more than bread and butter and shoes. Even mothers without high school diplomas know that. Patients need love too, and every

good nurse, whether or not she's "degreed," knows it. Reverence for life involves respect for work with the hands, the wonderful instruments through which we express our true selves. What if the surgeon or artist or musician looked down on work with the hands?

Reverence for life involves thinking of our patients not as composites of segments that can be parceled out, but as lonely, scared, needful children of God who have been entrusted to our care. Reverence for life is the antithesis of materialism. The present trends toward materialism have been forced upon us by a combination of circumstances largely beyond our control. But it's our own attitudes, our own leadership that will shape the final outcome. We must be on our guard. Our very birthright was a reverence for life, an awareness of the sacredness of all men.

---

[1]Albert Schweitzer, M.D., *The Philosophy of Civilization*, (New York: Macmillan).
[2]Benjamin Fine, Ph.D., "Colleges Shift from the Arts," *The New York Times*, March 9, 1952.
[3]Frederic Wertham, M.D., "A Study of Pain," *The Atlantic Monthly*, March, 1952.
[4]Harley Williams, M.D., *The Healing Touch*, (Springfield, Ill.: C. C. Thomas).

Hospital Headaches

The nurse was preparing her patient for an operation. After the shaving procedure was completed, the patient asked if she could use the hall phone before they took her to surgery. Hesitantly, the nurse answered, "But you have just been medicated." Whereupon the patient, quite upset, said, "Oh, will it show? I have a long robe I'll put on."

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Myasthenia

[*Continued from page* 43]

there are various theories advanced as to what actually happens at these important communication centers. According to one concept, over-activity of cholinesterase results in too rapid destruction of acetylcholine, preventing this neurohormone from carrying out its conducting duties. A more popular theory blames an impairment in the synthesis of acetylcholine at the myoneural junction. Many adhere to the view that "basic metabolic or endocrine dysfunction may be responsible for the development of myasthenia gravis through the production of a substance which possibly interferes with the synthesis of acetylcholine or possibly is curarizing in its action."[1] In support of this, authorities have cited the hypersensitivity of myasthenic patients to the paralyzing action of curare.

That endocrine dysfunction may have something to do with the etiology of the disease is an opinion shared by many clinicians. It has been estimated that about 50 per cent of myasthenic patients have enlargement of the thymus gland, and abnormalities have also been observed in other endocrine glands. The removal of the thymus gland is advocated in several cases, particularly when there is evidence of a thymic tumor. Good results have apparently been obtained in some instances by thymectomy but the necessity of surgical intervention in the absence of a tumor is not accepted unanimously. Although hyperthyroidism occasionally accompanies myasthenia gravis, there is no definite proof that there is any connection between the two disorders. Recently, the adrenal hormone preparations, corticotropin and cortisone have been reported to exert a beneficial effect in the disease, with multiple remissions occurring after repeated courses of corticotropin therapy; however, there are at present too few studies on this form of treatment to offer any conclusive evidence of these drugs' long-range value or etiological significance.

So far, we have seen that the cause of myasthenia gravis is largely a matter of conjecture. But we are on surer ground in discussing the therapy of the disease, for drugs have been discovered which will markedly alleviate symptoms and allow many patients to lead a fairly normal life. The drugs which have proved such a boon to the myasthenic are a comparatively recent development. For although myasthenia gravis was described as early as the seventeenth century, it was not until the 1930's that therapeutic advances were made. In 1930, Dr. Harriet Edgeworth, a victim of myasthenia, reported on the beneficial results of ephedrine. Four years later, an even more important therapeutic clue was discovered by Dr. Mary Walker. Impressed by the similarity between the loss of skeletal muscle tone in myasthenia gravis and curare poisoning, Dr. Walker employed the decurarizing drug physostigmine in her myasthenia cases. The results were dramatic, and led physicians to utilize other synthetic physostigmine-like compounds, the

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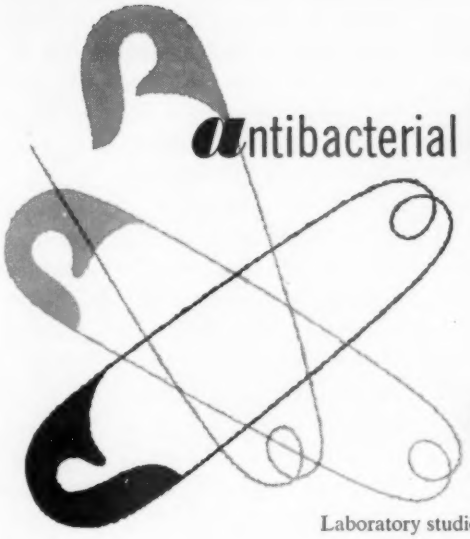
most satisfactory of which was the drug neostigmine.

The use of the parasympathetic stimulant neostigmine in myasthenia gravis is based on the ability of this drug to inhibit the action of cholinesterase at the myoneural junction and therefore prolong the action of acetylcholine, the neurohormone which transmits nerve impulses to muscle.[2] It also has a direct stimulating action on skeletal muscle. Both neostigmine methylsulfate for parenteral use, and the oral form, neostigmine bromide, may be prescribed in myasthenia. Oral dosage may range from one 15 mg. tablet two or three times daily to as many as 20 tablets or more daily. Subcutaneous or intramuscular injections of 0.5 to 1 mg. of the more rapidly acting neostigmine methlysulfate supplement oral therapy whenever necessary. It has been noted that myasthenia patients are less apt to experience untoward reactions from neostigmine than normal persons; nevertheless, if such symptoms as nausea, diarrhea and abdominal pain do appear, they may be alleviated by the adminstration of atropine. In this respect, it is interesting to note that although atropine, a parasympathetic depressant, blocks the stimulating action of neostigmine on the smooth muscle of the intestine, it does not antagonize the stimulating action of neostigmine on skeletal muscle.

Other drugs which have been, or are still being, used in the treatment of myasthenia include in "the order of their importance" tetraethylpyrophosphate (TEPP), ephedrine, guanidine hydrochloride and potassium chloride.[3] All four of these drugs are described in *Drug Digest,* page 44. The use of the amino acid, glycocoll (glycine, aminoacetic acid), has also been tried in myasthenia therapy but its value has not been clearly demonstrated. A new substance, octamethyl pyrophosphoramide, appears to have a more prolonged effect than neostigmine but, according to the literature, must undergo more study before it can be safely recommended.

Particular care must be given the myasthenia patient in the hospital for he may not yet be adjusted to neostigmine dosage. To avoid difficulty in eating, neostigmine is given about one-half hour before meals. In acute



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Furthermore, in a limited study of the gentleness of *Bactine* solution applied directly to the skin, not one of 100 babies developed skin irritation during 1 to 6 months' use. It was noted that diaper dermatitis or erythema already present in 79 infants cleared up within 2 to 7 days in every case. (Bactine 1:100 dilution was used to cleanse the diaper area after each bowel movement. *Bactine*-sanitized diapers were also used for 74 of the babies.)

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cases, the diet should be soft or fluid depending on the state of the muscles involved in swallowing or chewing; aspiration must be avoided. It should be remembered that there are no hard-and-fast rules governing dosage which varies according to the needs of the individual patient. The objective is to establish the minimum dosage which will exert the maximum therapeutic effect. The nurse may have permission to administer the drug p.r.n., and there is usually a standing order for parenteral administration in the event of emergencies. In some hospitals, the myasthenic patient who is well-versed in his disease keeps a supply of tablets and reports on the number taken to the nurse. The acute myasthenic may have a hypodermic set-up by his bed.

In addition to concentrating on the immediate needs of the myasthenic patient, the nurse must look beyond the hospital stay to the time of discharge. The patient should be acquainted with the necessity of guarding against infection—particularly pulmonary infection to which he is unusually prone, the avoidance of strenuous exercise, the observance of rest periods and, above all, the importance of close medical supervision. Needless to say, instructions of this type must be tactfully given lest they convey a sense of pessimism about his general condition or reflect upon his intelligence or ability to meet the challenge of the disease.

Although complete remissions of the disease are occasionally reported, and 80 per cent of myasthenics can live out their normal life span, these patients must generally reconcile themselves to the demands of a chronic illness. Fortunately, though, under medical auspices, they may participate in ordinary activities and establish some degree of economic independence. The key to happiness for the myasthenic lies, as it does with the diabetic, the epileptic and the victims of other chronic diseases, in a proper regard for his medical regimen combined with a healthy distaste for the confines of chronic invalidism.

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[1]N. S. Schlezinger, M.D., *JAMA*, Feb. 16, 1952, p. 508.
[2]Neostigmine is also discussed in *Drug Digest*, **R.N.**, Sept., 1949.
[3]John C. Krantz and C. Jelleff Carr, *The Pharmacologic Principles of Medical Practice*, (2nd edition; Baltimore, Md.: The Williams & Wilkins Co., 1951), p. 708.

Crusading Nurses

[*Continued from page* 53]

mandragora leaves and cicuta was used to alleviate pain.

Many of the great European hospitals of today had their origin in the care of the wounded, sick or exhausted crusaders. Some of those hospitals housed up to five thousand warriors at a time and apparently were operated under excellent hygienic conditions. Several nursing orders had charge of the Christian hospitals. The Knights Hospitallers of St. John of Jerusalem, Rhodes and Malta, commonly called the Knights of St. John, built their first hospital in Jerusalem, moving it later to Rhodes and thence to Malta. After a time, the nursing order of St. Mary Magdalen came to be known as the female branch of the order of St. John of Jerusalem.

One of the evil consequences of the crusades was the introduction into Europe of certain epidemic and contagious diseases. Diphtheria, smallpox, leprosy and perhaps scarlet fever came home with the armies of the Crusaders, and were carried to every baronial stronghold and medieval city. Leprosy was the first chronic infectious disease to be controlled in Europe, due largely to the efforts of the religious orders. In medieval Europe, 20,000 hospitals were in use for the victims of leprosy. Into these leper-houses were crowded "Christ's poor," as they were called, to be cared for by male and female nurses, the true forerunners of our professional nurses of today.

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Techniques of Injection

[*Continued from page* 32]

no doubt quite probable that the number of intramuscular injections which the average nurse administers in a day far outnumbers the hypodermic injections which she makes.

Drugs act more rapidly when given intramuscularly. Irritating medicines and those not readily absorbed when given subcutaneously may be injected in this manner. With the advent of penicillin, the demand for intramuscular injections increased. Obviously the overworked intern could not be expected to administer all the intramuscular injections which doctors believed it necessary to order, particularly when it is remembered that at first penicillin had to be given every three hours to maintain an adequate penicillin level in the body. Today we find the nurse administering by the intramuscular route, penicillin, streptomycin, liver preparations, heparin, assorted vitamin preparations, sodium amytal, ACTH and cortisone, to mention a few of the more commonly used medicines.

In preparing to give an intramuscular injection, consideration of the size of the syringe depends upon the amount of the medicine to be given. It is usually from 1-10 cc. The needle of choice in most cases is a 22-gauge needle from one to one-and-one-half inches long. Drugs to be given intramuscularly usually come in ampules or vials, and frequently they are not in solution but must be mixed prior to administration. Unless contra-indicated by the nature of the medication, normal saline solution is a more satisfactory diluent than is distilled water as it is less irritating to the tissues and more readily absorbed. In mixing these solutions it is necessary first to calculate how much diluent should be added in order that the required dosage may be administered in convenient amounts. The protective tops are removed from the vials and the rubber caps are wiped with alcohol. To remove fluid from a bottle inject the same volume of air into the bottle as the amount of fluid to be withdrawn in order to equalize the pressure and facilitate filling the syringe.

When the material comes in a glass ampule rather than in a rubber-

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capped vial, care should be taken that none of the contents of the ampule are lost when the top is removed. If the nurse first snaps the top of the ampule with her thumb and middle finger nail, the powder or liquid will usually fall to the bottom of the container. The neck of the ampule is then scratched with a file, after which the neck can be readily broken off, first guarding against cut fingers by wrapping them in a gauze square. Drugs in ampules are very likely to be already in solution, however. When drugs are dissolved in oil, warming the ampule in hot water sometimes helps in withdrawing the medication. Those drugs which come in dry form and must be dissolved before use are often unstable if kept in solution over a long period of time. Therefore, it is well to check with the pharmacist as to how long such drugs are usable once they have been mixed with a solvent.

Intramuscular injections are given into large muscle groups which are comparatively free of large blood vessels and nerves. The usual spot for these injections is in the gluteal muscle. Ideally, the patient should be prone, his arms hanging over the side of the bed, his head to one side, a pillow under his knees, and his toes turned inwards. This leads to better relaxation of the buttocks. However this position is not always practical, and injections may be given into the buttock if the patient lies on the side opposite from the injection, stands up or leans forward over a table. At all times the patient should be in such a position that the nurse can see what she is doing and can easily reach the optimum location for such a treatment. The inner angle of the upper, outer quadrant of the buttock is the area in which there is least danger of striking a bone or of irritating the sacral plexus or the sciatic nerve either by hitting them directly or by depositing irritating material nearby. Pain and even paralysis may result when a nerve is hit.

The deltoid muscle in the arm, and the anterior thigh may also be used for intramuscular injections if the amount to be injected is small, but the gluteal muscle is greatly to be preferred to these sites because of its thickness. In giving these injections the skin is cleansed as for any other injection. If the injection is to be given in the arm or leg, the tissues are lifted up and away from the bone with the left hand; if the injection is to be given into the buttock, the tissues are flattened by pressing down.

Insert the needle perpendicular to the skin and, as in the case of the hypodermic injection, it is necessary to ascertain whether the needle has penetrated a blood vessel before injecting the fluid. As the needle is withdrawn, the tissues should be slid back to their original position to prevent leakage of fluid into the subcutaneous tissues. It is well to make sure that there is no liquid clinging to the needle when it is inserted since the drug may be so irritating to the tissues that a so-called sterile abscess may result from this contact. Intramuscular injections are contra-indicated in cases of septicemia since the local irritation causes a lowering of

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resistance in the area of the injection and an abscess is likely to develop.

When patients are receiving repeated intramuscular medications the site of the dosage should be rotated; the same site should never be used twice in succession. If three or four drugs are ordered for the patient, each to be given intramuscularly, it is well to consult the pharmacist or the physician as to the possibility of mixing them in the same syringe and giving them all as one combined dose. Should there be any question whatsoever as to the compatibility of the drug under consideration this method should not be used, but there are certain of the vitamin preparations which may be combined as may some types of streptomycin and penicillin.

The method, sometimes followed when several patients are receiving the same therapy, of using one large syringe and merely changing the needle as the nurse goes from patient to patient has been soundly condemned in recent years. Cases of viral hepatitis have been traced directly to this practice.

It wouldn't seem that this last comment is necessary but observation proves otherwise. When mixing drugs for intramuscular injections strict attention must be given to maintaining aseptic technique. A contaminated needle coming into contact with the contents of a bottle of medication or diluent means that not only the particular injection given with that needle but subsequent injections as well are unsterile and a potential source of infection.

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So let's say "NO SALE" to the *ism* peddlers who would have us swap our U. S. A. system of free competition for their "planned" regimentation—trade our U. S. A. freedom and plenty for their serfdom and poverty!

News:

[*Continued from page* 52]

. . . Among the courses conducted for nurses in the treatment of poliomyelitis patients, given under the sponsorship of the National Foundation for Infantile Paralysis, are two one-month courses starting July 7 and Oct. 6 at Children's Medical Center, Boston, Mass., Dr. William T. Green, director; two three-week courses starting June 16 and July 3 at the University of Colorado Medical Center, Denver, Colo., Dr. Winona G. Campbell, director; and two four-day courses May 19-23 and Oct. 20-24 at Orthopaedic Hospital, Los Angeles, Calif., Dr. Charles L. Lowman, director. For detailed information on enrollment write di-

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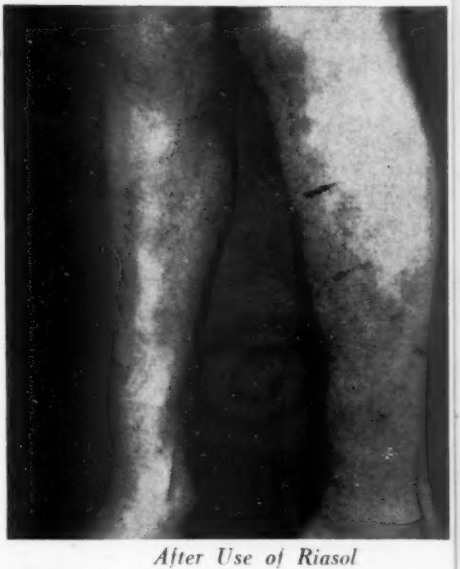

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RIASOL FOR PSORIASIS

rectly to the training centers. Nurses who need financial assistance to attend these courses should contact their local NFIP chapters . . . The Department of Nursing Education, Syracuse University, Syracuse, N.Y. announces the following summer courses: June 9-27, Nurs. Ed. 130 Part I, Ward Management; June 16-27, Ed. Psych. 151, Dynamics of Individual Behavior; June 30-Aug. 8, Zoology 191, Topographical Human Anatomy . . . Six-day training sessions for home nursing instructors will be conducted by the American Red Cross again this summer. To date centers have been scheduled as follows: June 16-17, Oklahoma A & M College, Stillwater, Okla.; July 28-Aug. 9, University of Nebraska, Lincoln, Nebr.; July 21-Aug. 2, University of Indiana, Bloomington, Ind. Further information may be secured from local Red Cross chapters . . . A limited number of scholarships in Kenny therapist training are available. To be eligible for the 24-month course, the applicant must be a registered nurse or physical therapist not over 40 years old. Those wishing to apply for scholarships should contact the Director of Training, Sister Eiizabeth Kenny Foundation, 1800 Chicago Ave., Minneapolis, Minn. . . . The Section of Occupational Health of the Department of Public Health, Yale University, announces a workshop, *The Industrial Nursing Consultant and Human Relations*, June 9-14. Applicants must be graduate nurses with at least six months' experience as nursing consultants. The tuition will be $25. Send applications to Mary Louise Brown, Instructor in Public Health, Section of Occupational Health, 310 Cedar St., New Haven 11, Conn.

▶PAY STANDARDS for office nurses in North Carolina went into effect in February, reportedly making North Carolina the first state to adopt minimum standards for this group. Specified salaries for a 40-hour-week are $210 per month for nursing and $260 per month if the nurse is also a full-time secretary with secretarial experience or training. A $10 per month increase each year for a minimum of three years was also specified as was time allowance for professional meetings.

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Stand up and be Counted

[*Continued from page* 29]

in our way of life, and later we have heard them say among themselves, "We certainly hope that *that* doesn't go through." But more are realizing that it is loyalty of the highest order to stand up for the things we honestly believe are best for patient, profession and nurse, no matter who is on the other side.

An authority on good government writes, "The vitality of organization lies in the willingness of individuals to contribute forces to the cooperative system." In simple words this means that the real strength of an organization depends upon the amount of help it gets from its members, and the biggest part of that help lies in the quality of the courage members give to their convictions. We can be wrong in some of our convictions, but so can the other fellow. No one person or group of persons can always be right. My point is that when *all* of us stand up to be counted we arrive at a just, instead of a one-sided, decision.

Self government is a great privilege and a great opportunity. It is a basic principle in our American tradition that the majority opinion must be the ruling opinion, but how can majority opinion be learned if it doesn't come out into the open? Every citizen who has come of legal age has an inalienable right to speak his mind in this country; every nurse who has come of professional age has a similar right in the profession. The more this right is exercised, the less need is there for fear, and the vitality our profession so greatly needs in this period of change and challenge will be forthcoming.

In this article, Myrtle C. Applegate has emphasized the importance of every nurse in association affairs; a particularly timely message as the Biennial draws nearer. Mrs. Applegate knows whereof she speaks, for over the years she has served nurses indefatigably. Presently a consultant in organization, she has been president of her alumnae, district and state nursing associations and the active Southern Division. A member of the ANA and AJN Boards of Directors, she is a candidate for re-election to the ANA Board of Directors, to be voted upon in June.

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ADMINISTRATION: (a) Small, general, Iowa hospital, $4500, maintenance. (b) Small Colorado hospital, attractive resort town. (c) New small modern hospital, Chicago vicinity. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATORS: (a) To succeed supt. retiring after long tenure, gen. hosp. 90 beds, coll. town. (b) Small gen'l hosp, college town, Montana. (c) Asst. adm., hosp. for crippled children, univ. center. (d) Supt. qual. lab, X-ray or surgery, new hosp. 20 beds, Calif. RN5-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHESIA: (a) Large modern hospital, Chicago vicinity. 40 hr. week, $4800. (b) 200 bed modern hospital, Potomac River Valley, beautiful location. $4800, maintenance. (c) Small new modern Texas hospital. To $6000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETIST: 60 bed general hospital in southeastern Wisconsin. Short distance from Milwaukee and Chicago. Salary open. Inquire: Administrator, Memorial Hospital, Burlington, Wis.

ANESTHETISTS (NURSE): Two vacancies. AANA Member. 626 bed general hospital. 10 nurse anesthetists on staff. Good salary and hours. Liberal personnel policy. Apply Chief Anesthetist, Good Samaritan Hospital, Cincinnati 20, Ohio

ANESTHETISTS: (a) Gen. 250 bed hosp. med. anesthesiologist in charge, near univ. town, $5000 increasing to $6400. (b) Qual. to serve as adm. combination clinic and small hosp., SW. (c) New gen. hosp. operated by American co. foreign country. (d) New hosp. gen'l, 300 beds, univ. city, SW. $500. (e) New hosp. 250 beds, medical anes. in charge, coll. town, E. RN5-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

BLOOD BANK NURSES: Important univ. hosp., train, unnec., should be int. specializing new field. Apt. available, modern, attrac. residence. RN4-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

CLINICAL INSTRUCTOR: Immediate opening. 373 bed general hospital, approved school, large student body, one class per year. 40 hr. week, vacation, sick leave and paid holidays. Salary open. Degree in Nursing Education required. Apply Director of Nursing, Aultman Hospital, Canton, Ohio

CLINICAL INSTRUCTORS: Medical & Surgical Nursing. Degree and teaching experience required. Salary open depending upon educational background and experience. Apply Director of Nursing, The Toledo Hospital, Toledo, Ohio

COLLEGE, STUDENT HEALTH: (a) Dir. health program, lib. arts coll., small town near univ. center. MW. (b) Social, hlth & recreational dir. 250 bed hosp. coll. town, E. (c) College, lib. arts, Pac. Coast. (d) College, Mediterranean seaport city. (e) Supervisor, student hlth prog. large gen'l hosp. Calif. RN4-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTOR OF NURSING SERVICE: Associate. 325 bed general hospital. B.S. Degree in Nursing Education preferred. Experience in nursing supervision or administration. Salary open depending upon educational background and experience. Position open February 15. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio

DIRECTOR OF NURSES: (a) Large teaching hospital, lovely Florida resort city. To $6000. (b) 100 bed general hospital, Hawaii. $4800. (c) 80 bed general California hospital, excellent location. To $4800. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTORS OF NURSES: (a) Gen. hosp. 300 beds, fashionable resort city, Gulf Coast, min. $6000. (b) Ped. unit lrge. gen. hosp. seaport city, univ. center noted for its delightful climate, outside U.S. (c) Dir., new cancer hosp., unit univ. group, should know atomic energy nursing, qual. to train nurses technique of using radio-active isotopes, Master's advantag. (d) New hosp., gen. 175 beds, suburban NYC. (e) Gen. hosp. 300 beds, coll. town 70,000, MW. $6000, mtce. (f) Nursing serv. only, new hosp. to be opened June, Rocky Mt. state. (g) Nursing serv. only, gen. hosp. modern well equipped, operated under US auspices, Latin America. (h) Nursing serv. only, gen'l hosp. operated by group of Board specialists, Calif. RN4-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTRESS OF NURSES: Small General Hospital, 60 beds, now part of the Albert Einstein Medical Center. From $3000 to $3300 per year, plus full maintenance, including a ? room apartment. Please send full information of past experience including a recent photograph. Excellent opportunity for capable, ambitious and qualified executive. Albert Einstein Medical Center, Eastern Division, (formerly Northern Liberties Hospital) 7th & Brown Sts., Philadelphia, Pa.

EDUCATIONAL DIRECTOR: For accredited school of nursing connected with 330 bed general hospital. 1 class admitted annually. Plans for university association. Salary open, 44 hr. week, 8 holidays, 4 weeks vacation, 12 days sick leave. Apply Director of Nursing, Perth Amboy General Hospital, Perth Amboy, N.J.

FACULTY APPOINTMENTS: (a) Educational dir. collegiate school, new prog., Calif.

$5000, mtce. (b) Ass't prof. psy. nursing, school of nursing, large co-educational inst., E. Min. $5000. (c) Educ. dir. & nursing arts instruc., small hosp. coll. town, MW. $6000, $4800, respectively, mtce. (d) School for Turkish, Greek, Armenian nurses. Students have equiv. high school ed., understand English. School conducted under American auspices in Near East. (e) Science, nursing arts & clin. instructors in orthop. & ped., 400 beds, gen. hosp., univ. town, E. RN4-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY APPOINTMENTS: (a) Clinical Instructor. Large teaching hospital, eastern college town. Minimum $3800. (b) Educational Director. New Texas hospital with expansion program. $4500. (c) Medical-Surgical Coordinator. College of nursing, Midwest. Minimum $4000. (d) Nursing Arts Instructor. 250 bed college affiliated hospital, Midwest. Minimum $3600. (e) Science Instructor. Large teaching hospital, eastern college town. Minimum $3800. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

GENERAL DUTY: (a) Fairly large hosp. gen, attrac. location, Conn. (b) TB san., small town, U.S. dependency, tropical country, mild climate. (c) Modern, well equipped hosp., foreign operations, Amer. company, $325 plus living allowance, $230. Asia. (d) New hosp. small size, clinic facilities. San Francisco area. RN4-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY GRADUATE NURSES: Salary in keeping with those throughout Colorado. 80 bed general hospital, approved. Delightful climate, close to mountain resort. Apply administrator, Mt. San Rafael Hospital, Trinidad, Colo.

GENERAL DUTY NURSES: Evening shift $210, night shift $220. 40 hr., 5 day week. 54 bed general hospital. Montclair Community Hospital, Montclair, N.J.

GENERAL DUTY NURSES: 100 bed Tuberculosis Sanatorium. Good starting salary, 12 days vacation, 12 days sick leave, 6 paid holidays, automatic increases. Apply Business Manager, Mineral Springs Sanatorium, Cannon Falls, Minn.

GENERAL DUTY NURSES: 80 bed general hospital on Hudson River at foot of Catskill Mts. Vacancies for permanent positions now open. $200 per month plus meals, 2 weeks vacation, 12 days sick leave, 6 holidays. Resort area. Summer positions open June 15. Write for information Memorial Hospital of Greene County, Catskill, N.Y.

GENERAL DUTY NURSES: Needed in 165 bed T.B. San. Positions now open on 3 non-split shifts. Located in small southwestern town, 1 hr. drive from Albuquerque, New Mexico. $210 per mo. with full maintenance. Accumulative annual leave and sick leave, retirement and insurance benefits. Periodic salary increases. Opportunity for pediatric and recovery room nursing. Apply Chief Nurse, State T.B. San., Socorro, N.M.

GENERAL DUTY NURSES: For Medical, Surgical Floors and Operating Room. Starting salary $10.10 per day, 40 hrs. week. Bonus for P.M. and night duty. Alternating shifts when necessary. Perm. P.M. & night duty $10.74 per day. Living quarters $18 month. Excellent transportation to all areas. Write Director of Nurses, Doctors Hospital, 12345 Cedar Rd., Cleveland Hts. 6, Ohio

GENERAL DUTY NURSES: For 114 bed general hospital. Beginning gross salary $242 plus meals and uniform allowance. $10 evening and night bonus. 3-11 and 11-7 positions available. Apply Paul O. Huth, M.D., Supt., St. Francis Hospital, Cambridge, Ohio

GENERAL DUTY R.N.'S: Starting salary $280. Supervisory starting $300 up. 255 bed Tbc. Hospital. Beautiful Sierra Nevada Mt. foothills. 23 days annual vacation, sick leave, accumulative to 36 days, 12 holidays a year. Pension plan. Complete maintenance if desired. $10 single room nurses residence, air conditioned. Meals at cost. Apply Director of Nurses, Tulare-Kings Counties Tuberculosis Hospital, Springville, Calif.

GENERAL STAFF NURSES: 250 bed general hospital and 72 bed maternity hospital. Starting salary $240, $5 per month tenure increase for each 6 months of service to a maximum of $270. Two meals daily, Social Security, sick leave prepaid, medical and hospital care. $10 additional for afternoon and night duty, $15 additional for delivery room, $20 additional for surgery, up to 3 weeks vacation at end of 5 years, 6 paid holidays, 8 hour day, 40 hour week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: N.Y. License. Special services duty. Salary open. 5 days, 8 hours. Choice of shifts. Non-rating. St. Barnabas Hospital, 183rd St. & 3rd Ave. Bronx, N.Y. CY5-2000.

GRADUATE NURSES: The University of Michigan Medical School offers to graduates of accredited schools of nursing a course in Anesthesia of one year duration, covering the administration of nitrous oxide, cyclopropane, ether, barbiturates and rectal agents. All modern techniques are taught including intratracheal, intravenous and the management of such specialties as thoracic and neuro-surgery. For information, write the Department of Anesthesiology, University Hospital, Ann Arbor, Mich.

GRADUATE NURSES: 80 bed general hospital, positions open all services. General duty, $215 a month, $10 extra for evenings, nights and relief. Scrub nurses $225, $2.50 per call case. 6 month increases for 18 months, merit thereafter. Maintenance available. 24 days paid vacation the first year, 32 days thereafter. 1 day per month sick leave, cumulative to 45 days. 44 hr. week. Apply Director of Nursing, Mahaska Hospital, Oskaloosa, Iowa

HEAD NURSE AND SUPERVISORS: Approved School of Nursing in New Hampshire. A Medical-Surgical Head Nurse with experi-

ence and courses in Ward Administration. An Operating Room Supervisor with experience and preparation for teaching. An Obstetrical Supervisor with experience and preparation for teaching. Salary commensurate with preparation and region. Write Box LH-1 c/o R.N., Rutherford, N.J.

INDUSTRIAL & OFFICE: (a) Office nurse by Board specialist, Fla. (b) Clinic. Adm. exper. desirable. Coll. town, W. (c) Office, by surg. Diplomate, Chicago area. (d) Indus. New plant, univ. town. So. (e) Indus., large co., Chicago. RN4-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTORS: One Nursing Arts Instructor and One Clinical Instructor needed. Apply St. Mary's Hospital, West Palm Beach, Fla.

MALE NURSES: (a) Surg. supervisor, clin. instructors in med. & surg., science instruc., 175 bed hosp. univ. town, MW. (b) Construction project, foreign, $12,000. RN4-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NURSE: For well organized school health department, loveliest spot Pacific Coast. Beginning salary $3350 to $3600, 35 hr. week, work 9 calendar months, usual school vacations. Annual increment up to $5500, tenure after 3 years. B.A. and P.H.N. Degrees, own car. Santa Barbara City Schools, Health Department, 115 West Victoria, Santa Barbara, Calif.

NURSE ANESTHETIST: Small, well-equipped hospital. Apply Administrator, Tracy Hospital, Tracy, Calif.

NURSE ANESTHETIST: 250 bed hospital, well equipped and fully approved, predominately surgery. Top salary, meals and laundry furnished, good hours, sick leave, vacation and holidays. Apply Administrator, Mid State Baptist Hospital, Nashville, Tenn.

NURSE ANESTHETIST: Starting salary $350 a month. Methodist Hospital, 6th St. & 7th Ave., New York, N.Y. SOuth 8-6000, Ext. 142

NURSE ANESTHETIST: For 200 bed hospital. Hospital well located. Excellent Nurses' Home. Pleasant surroundings and modern set-up. Room, laundry and meals. Within ½ hr. by motor and transportation from Virginia's delightful beaches. Excellent position for right party. State particulars and salary expected. Address: Administrator, The King's Daughters' Hospital, Portsmouth, Va.

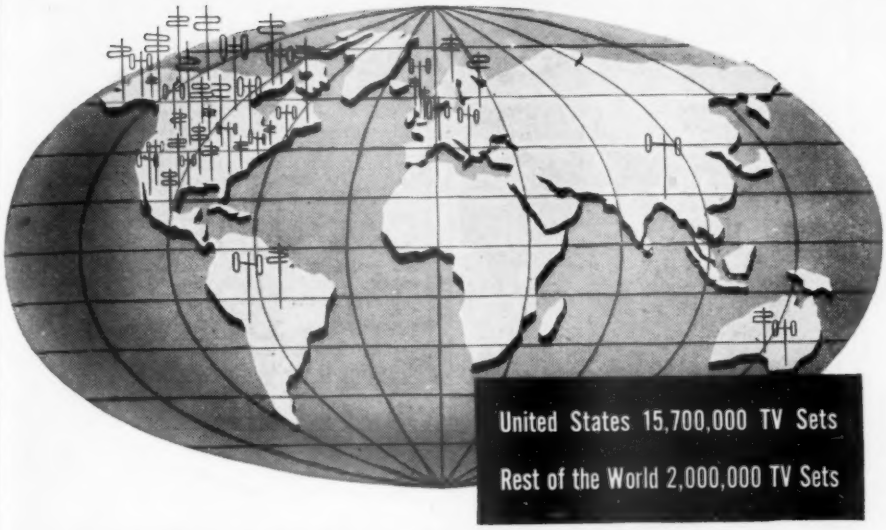
NURSE ANESTHETISTS: Several immediate vacancies. Starting salary $325-$375. 44 hr. week. Full maintenance optional. Vacation, sick leave, hospitalization, etc., allowed. 500 bed general hospital. Apply W. S. Kohlhaas, Superintendent, Harrisburg Hospital, Harrisburg, Pa.

NURSES: Moving to new hospital and new apartment-style nurses' residence in summer of 1952. 236 bed general hospital 30 miles from New York City. Wanted immediately: Supervisors, Head Nurses, Assistant Head Nurses, General Duty Nurses. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: Choice of duty in three modern hospitals. General duty, $239 month to start; surgical, $245 month to start; relief shift, $10 extra. Two weeks paid vacation, 6 paid holidays, medical and hospital benefit plan. Contact Roy Watson, Jr., Kahler Hospitals, Rochester, Minn.

NURSES: General duty, for 30 bed hospital, 50 miles from Chicago. Salary $220, meals, excellent personnel policies. 40 and 48 hr. week. A.M.A. and A.H.A. approved. Apply Superintendent, Horatio N. Woodward Memorial Hospital, Sandwich, Ill.

NURSES: Graduates, for all services in 340 bed teaching hospital affiliated with Chicago Medical School. General Duty, salary $220 per month for 40 hr. week, $242 per month for 44 hr. week. Operating Room Asst. Supervisors and Scrub Nurses, advance preparation required. Salary depends on experience and qualifications. Differential for evenings and nights. Living quarters available in attractive modern residence at $20 per month. Meals available in cafeteria at moderate rate. Uniforms laundered free. Free medical and hospital care, sick leave, Social Security, retirement plan and paid vacations. Oppor-



COMPETITION Turns Luxuries into Necessities

To millions of people throughout the world, washing machines, radios and television sets are miraculous inventions remote from their lives . . . for the wealthy only.

In the United States, however, a new product appears in no time in the homes of wage earners as well as salaried executives.

Consider television, for example. Only 6,500 sets produced in 1946 . . . over 5,000,000 in 1951. Or washing machines . . . more than 24,000,000 in 10 years.

What has Competition to do with this?

Do you think we'd continue to get more and better products if only one company made each item or each line?

No! We get more and better products here in America, because anybody who thinks he can make anything better or sell it more efficiently is free to try.

And many succeed. Take electrical products like radios and television sets . . . and home appliances like washing machines and electric fans. Does the biggest company monopolize this industry? Not by a long shot! Even counting all its affiliated companies, it still sells less than 1/5 of such products bought in this country.

There are nearly a thousand other companies that make home appliances, radios and television sets. And they do more than 4/5's of the business! The smallest of them make the biggest companies hustle their bones to keep making products better and better.

In America, a better product can always win consumer acceptance in any field.

Let's keep the COMPETITIVE SYSTEM working for us

The Competitive System can be killed! When industries are run by government, when taxes are so high that they destroy the incentive to work hard and risk savings in business ventures, the Competitive System languishes and dies.

You've seen it happen in other lands. Let's not let it happen here.

Let's all of us watch closely to see that those who represent us in government are working with us and for us to preserve our Competitive System; to assure a tax structure that leaves enough incentive to make hard work worthwhile, so that *any* man with ability and energy has a chance to earn good money and keep most of it.

Competition thrives best where the rewards are high. People live best where competition thrives.

THE COMPETITIVE SYSTEM DELIVERS THE MOST TO THE GREATEST NUMBER OF PEOPLE

tunities for advancement. Schedules arranged to permit attendance at nearby universities. Write Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Ill.

NURSES: General duty, head and supervisory nurses in acute communicable, TB or general emergency nursing. Salaries from $3545 to $5008 per yr., annual increases, 40 hr. week, no split shifts, paid vacations, sick leaves, duty disability allowances, pensions, maternity leaves, educational leaves, in-service training, opportunities for further schooling. Apply Detroit Civil Service Commission, 735 Randolph St., Detroit 26, Mich.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES: 2 graduate registered nurses who prefer Obstetrical room duty. Excellent supervision. Starting salary $160 per month with $5.00 increase each 6 months until maximum is reached. Full maintenance, laundry of uniforms, adequate sick leave, 3 weeks vacation per year. Very pleasant working conditions in resort city. Apply Miss Elizabeth Mangham, Supervisor, O.B., Telfair Hospital, Savannah, Ga.

NURSES: Supervisors, combined X-Ray and Lab Technician. Salary pending. General duty nurses, $185 per month with complete maintenance. Vacation with pay. Write giving qualifications and experience to Myrtice P. Sheffield, Superintendent, Suwannee County Hospital, Live Oak, Fla.

NURSES: Harrisburg Hospital School of Anesthesia, approved by AANA, offers 1 year course encompassing all technics of anesthesia. Remuneration while training. Open to all graduates of approved schools of nursing. Apply D. H. Haselhuhn, M.D., Director of Anesthesiology, Harrisburg Hospital, Harrisburg, Pa.

NURSES: For outstanding Medical Center in the Southwest, Atomic Energy Plant. $255 mo., 40 hr. week, 3 weeks vacation. U.S. Citizens only. Write full particulars. Personnel Manager, Los Alamos Medical Center, Los Alamos, N.M.

NURSES: General duty and operating room. 42 bed, well-equipped hospital. 40 hr. week, top salary. Apply Administrator, Tracy Hospital, Tracy, Calif.

NURSES: Graduate nurses for general duty on medical, surgical and obstetrical floors in 85 bed hospital (soon to be 113 beds) located near Chicago, Ill. Surgical Supervisor and Central Supply Supervisor also needed. Starting salary $255 with afternoon bonus $30 and night bonus $20. Apply Personnel Director, Highland Park Hospital, Highland Park, Ill.

NURSES: Operating Room Scrub Nurses. Apply Director of Nursing, Geisinger Memorial Hospital and Foss Clinic, Danville, Pa.

NURSING ARTS INSTRUCTOR: Open June 1, 1952. 373 bed general hospital, large stu-

dent body, one class per year, approved school. 40 hr. week, vacation, sick leave and paid holidays. Degree in Nursing Education required. Salary open. Apply Director of Nursing, Aultman Hospital, Canton, Ohio

NURSING ARTS INSTRUCTOR: For well-established school of nursing with college affiliation. Located in heart of middle west. Attractive personnel policies. Position open June 1, 1952. Write Box AH-1 c/o R.N., Rutherford, N.J.

NURSING ARTS INSTRUCTOR AND WARD SUPERVISOR: July 1st in privately endowed accredited practical Nurse School. Starting salary $265, requirement teaching experience or suitable college courses. Apply Appalachian School of Practical Nursing, Lexington, Ky.

NURSING SPECIALISTS: The National Blood Program of the American National Red Cross continues to offer new professional nursing opportunities to Nurses who can fill Chief Nurse and Deputy Chief Nurse positions in blood centers. A college degree or at least two years of college work is required, as well as experience in teaching, administration and public relations. Blood bank or operating room experience is desirable but not required. Inquiries should be directed to Mr. Norman A. Durfee, National Director, Personnel Services, National Headquarters, American National Red Cross, Washington, D.C., and reference should be made to the National Blood Program.

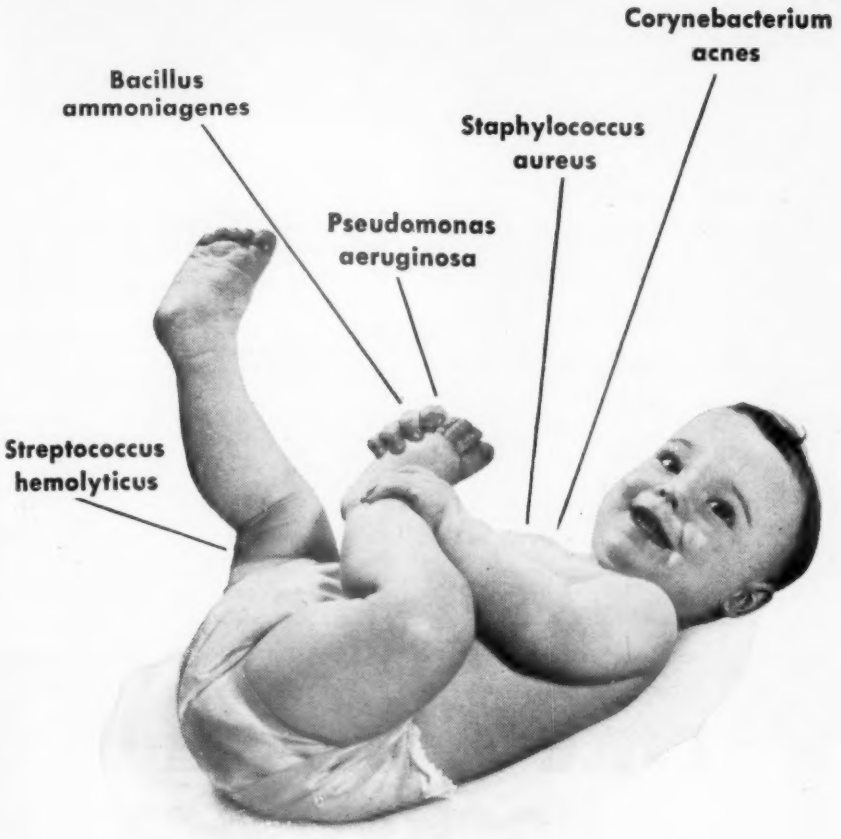
OPERATING ROOM NURSES: Two. 100 bed general hospital. 2 year salary range $2400-$2600 per year, call $10 per month additional. Maximum 3 call nights weekly, partial maintenance when on call. 2 weeks vacation and 6 paid holidays yearly. 5 day week, cumulative sick leave to 21 days, 50% of Blue Cross paid by hospital. American Hospital Retirement Plan. University courses available. Apply Bessie Colomb, Director of Nursing, Bellin Memorial Hospital, Green Bay, Wis.

OPERATING ROOM STAFF NURSE: For 100 bed general hospital on Long Island. Salary open depending upon experience. Apply Director of Nursing, Huntington Hospital, Huntington, N.Y.

OPERATING ROOM SUPERVISOR: 400 bed hospital with School of Nursing accredited by the National Nursing Accrediting Service. Administrative and teaching duties. Salary dependent upon educational qualifications and experience. Vacation 4 weeks, sick leave 2 weeks annually, retirement plan. Write Director of Nursing, The Rochester General Hospital, Rochester 8, N.Y.

PEDIATRIC SUPERVISOR: For accredited 330 bed general hospital, small school of nursing. New 32 bed pediatric unit will open February 1st. Salary open, 44 hr. week, 8 holidays, 4 weeks vacation, 12 days sick leave. Apply Director of Nursing, Perth Amboy General Hospital, Perth Amboy, N.J.

PSYCHIATRIC NURSE: Assistant Supervisor. Approved 65 bed psychiatric hospital



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If you have not already done so, why not try Johnson's Baby Lotion? You will find this protective, soothing, pleasantly fragrant lotion a very helpful agent in the prophylaxis and treatment of *miliaria*, *excoriated buttocks*, *diaper rash*, *impetigo*, and *cradle cap*.

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near New York City. Attractive living quarters and liberal salary. Apply Dr. Louis Wander, 59 E. 79th St., New York, N.Y.

PSYCHIATRIC NURSES: For 100 bed approved psychiatric hospital located in exclusive residential area on Lake Michigan. Complete maintenance in comfortable living quarters. Prevailing wages commensurate with job responsibility and applicants' capabilities. Nurses in permanent status covered by life, accident and hospital insurance. Apply Director of Nurses, North Shore Health Resort, Winnetka, Ill.

PSYCHIATRIC NURSES: R.N. for supervisor of nurses, also R.N. for night duty head nurse. 60 bed private progressive psychiatric hospital. Complete maintenance furnished. Salary open. 10 miles from Baltimore. Apply Medical Director, Pinel Clinic, Ellicott City, Md.

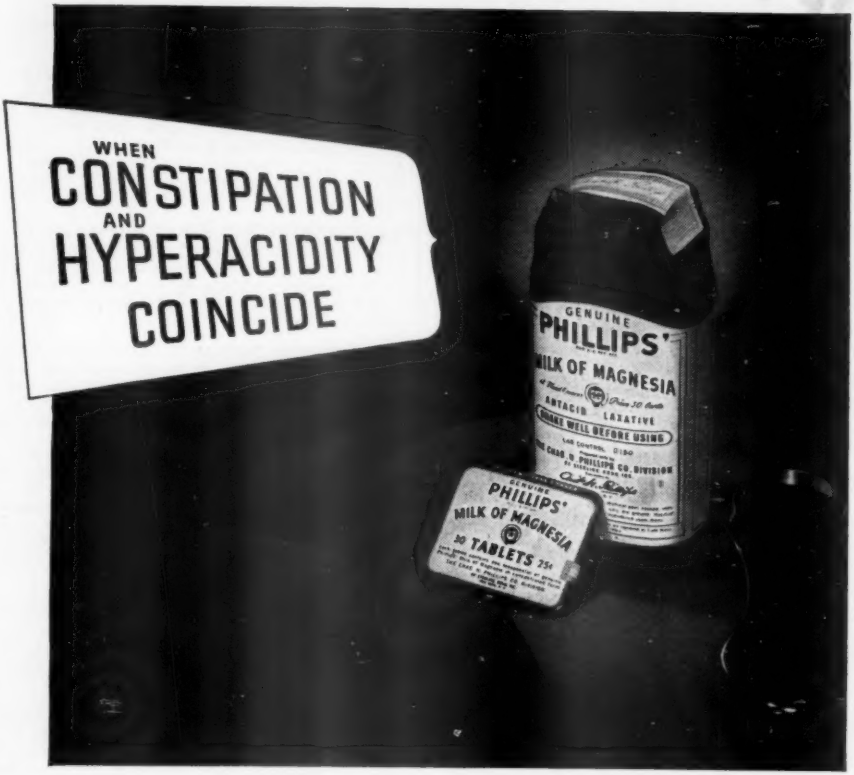
PSYCHIATRIC NURSES: Many new positions in California mental hospitals in staff, teaching and administrative capacities. Frequent examinations in all states. Liberalized requirements, increased salaries. Write State Personnel Board, Dept. N-52, 1015 L St., Sacramento 14, Calif.

PSYCHIATRIC NURSES: For new 25 bed Psychiatric Department to be opened in April, 1952. Positions available for qualified supervisor with experience, salary open for discussion. General staff psychiatric nurses needed, male or female, with at least 1 yr. of experience. Salary $230 to $260 to start. Personnel policies include 5 day, 40 hr. week, 1 meal, laundry of uniforms, 6 holidays, 2 weeks vacation and 12 days sick leave annually with pay. Living quarters available and meals may be bought in cafeteria at a nominal price. Also, educational opportunities available. Apply Director of Nursing Service, Memorial Hospital, Box 5008, Corpus Christi, Tex.

PUBLIC HEALTH: Training program open to graduate nurses, 20 to 30 years, $3268 to $3541 per yr. trainees take academic work at university while gaining paid experience in field. Other openings for trained public health nurses, 22 to 35 years $3627 to $4005 per yr. 40 hr. week, liberal vacations and sick leaves. Apply Detroit Civil Service Commission, 735 Randolph St., Detroit 26, Mich.

PUBLIC HEALTH: (a) Supervising & staff nurses, duties incl. schl. nursing, cars available, Calif. RN4-10 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PUBLIC HEALTH NURSES: Vacancies in New York City Department of Health. Immediate appointment on provisional basis. Generalized service includes maternal and child care, school health and communicable disease control. Starting salary $2650, 37 hour week, liberal vacation and sick time allowances, pension rights, in-service training. Applicants (except New York State Veterans) must not have reached 36th birthday. Write to Bureau of Public Health Nurs-



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As a laxative—Phillips' mild, yet thorough action is dependable for both adults and children.

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Laxative: 2 to 4 tablespoonfuls.
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REGISTERED NURSE ANESTHETISTS: Immediate openings available. Permanent. 40 hr. week with paid overtime. Extra pay for night duty. Automatic pay increases. Complete staff 16 nurse anesthetists. Only emergency operations on Saturdays. Living accommodations available. Apply Director Anesthesia, Harper Hospital, Detroit 1, Mich.

REGISTERED NURSE: For surgical scrub duty in small modern hospital. Salary $250 per month, plus full maintenance and uniform laundry. 5 day, 40 hr. week, vacations and advancing salary. Carson City Hospital, Carson City, Mich.

REGISTERED NURSES: 5 day week at $225 to $245 per month. Extra for evening, night and Operating Room. Retirement plan, paid holidays and vacation, Social Security. New Nurses' Residence. Fort Hamilton Hospital, Hamilton, Ohio

REGISTERED NURSES: For all services, 120 bed general hospital. 40 hr. week, beginning salary $230 a month, regular increases, 2 weeks vacation annually, sick leave, holidays, full maintenance available at reasonable rate. Apply Director of Nurses, St. Mary Hospital, Pueblo, Colo.

REGISTERED NURSES: Positions available for general duty in 200 bed hospital. Good personnel policies. 44 hr. week. Apply Director of Nursing Service, Hotel Dieu Hospital, 1014 North Stanton, El Paso, Tex.

REGISTERED PROFESSIONAL NURSES: For Operating Room and General Staff Duty for all shifts. 44 hrs. general staff duty, 40 hrs. for Operating Room and evening and night duty. Beginning salary $200 per month for staff duty, $260 per month for Instrument Nurses with advanced preparation and experience. Liberal personnel policies, Social Security. Apply to Director of Nurses, Christ Hospital, Jersey City, N.J.

SCIENCE INSTRUCTOR: No chemistry. 40 hrs. Monday through Friday. Good salary, maintenance and personnel policies. Position must be filled by August 15th. Apply Isabel M. Hutchison, Director The Memorial Hospital, Danville, Va.

STAFF NURSES: City of 46,000 with unusual cultural and educational opportunities. Wide choice of working experience in 1100 bed hospital. 40 hour, 5 day week, 6 holidays and 2 weeks vacation with pay. Salary $257.50 month for rotating time schedule. Scheduled salary increases based on merit. Generous illness allowance and medical benefits. Room in graduate nurse housing for $25 or $30 if desired. For further details please write Director of Nursing, University Hospital, Ann Arbor, Mich.

STAFF NURSES: For small general hospital in heart of dude ranch country. Famous for available bachelors. Good personnel policies. Positions for summer months or permanent. Apply Supt. of Nurses, St. John's Hospital, Jackson, Wyo.

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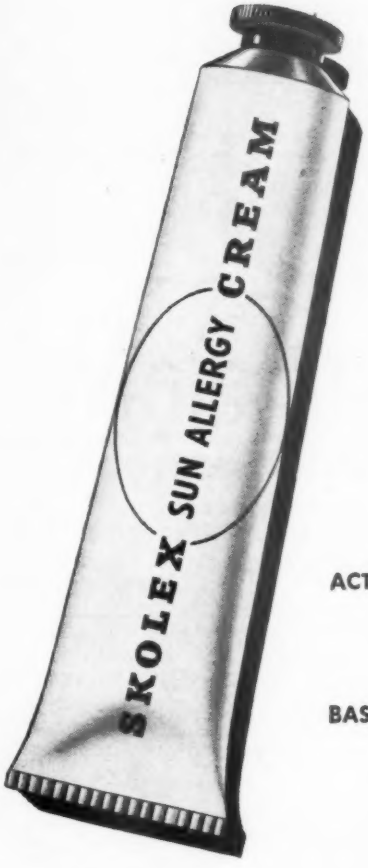
Most complete protection against ultraviolet rays



Two years of testing by Doctors confirm that Skolex Sun Allergy Cream is virtually impenetrable to wave lengths 2900 to 3200 A.U.—the region in the spectrum most responsible for sunburn and other skin reactions to ultraviolet rays.

Skolex, therefore, may be recommended with confidence to protect against hypersensitive or allergic response of skin to these wave lengths.

Vanishing cream type base is also helpful in dry skin conditions often associated with sun sensitivities.

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BASE: Stearic Acid, Cetyl Alcohol, Petrolatum, Hydroxybenzoate, Triethanolamine, Carbowax, Perfume (non-irritant), Water.

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STAFF NURSES: All departments. Salary range $280-$200 monthly. Differential for afternoon and night. Dept. R.U. of I., Cook County School of Nursing, 1900 W. Polk St., Chicago, Ill.

STAFF NURSES. For 400 bed tuberculosis sanatorium situated about 20 miles from New York City. Beginning salary $258, increments $10 a month yearly to $308. $10 increase for evening or night duty. Full maintenance available at $52 a month. 44 hour week. Liberal vacation, holiday and sick time. Pension plan. Apply Supt. of Nurses, Essex County Sanatorium, Verona, N.J.

STAFF NURSES: New 50 bed hospital in Shenandoah Valley of Virginia, reasonable distance from Washington. Starting salary $210 per month, $10 differential evening and night duty, laundry of uniforms, 44 hr. week. Social Security. Apply Administrator, Shenandoah County Memorial Hospital, Woodstock, Va.

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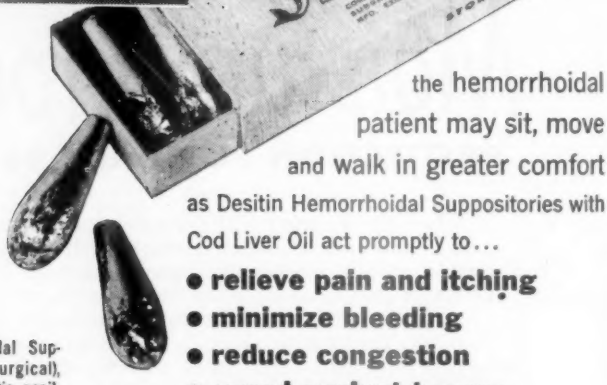

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